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An Interpretive Inquiry into the Experience of Highly Ethical Psychologists

by

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Abstract

This study is an interpretive inquiry, informed by hermeneutic phenomenology, exploring the experience of highly ethical psychologists. Snowball sampling was used to identify six psychologists who are exemplars of ethical practice. The exemplars in this study affirmed that virtues and utilitarian values co-exist within the relationships of their lives. The exemplars clarified that the personal virtues of integrity, honesty and humility were as important to their ethical practice as professional competency. Further these exemplars discussed how they grounded their ethics in a supportive community that inspired them to continue their ethical development. Finally, they spoke about the power of mindfulness and the integration of professional choices with personal awareness in the creation and maintenance of their ethical practice.

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A Journey Begins

Sam: It's like in the great stories, Mr. Frodo. The ones that really mattered. Full of darkness and danger they were. And sometimes you didn't want to know the end. Because how could the end be happy. How could the world go back to the way it was when so much bad had happened? But in the end, it is only a passing thing, this shadow. Even darkness must past. A new day will come. And when the sun shines, it will shine out the clearer. Those were the stories that stayed with you. That meant something. Even if you were too small to understand why. But I think, Mr. Frodo, I do understand. I know now. Folks in those stories had lots of chances of turning back, only they didn't. Because they were holding onto something.

Frodo: What are we holding onto, Sam?

Sam: That there's some good in this world, Mr. Frodo. And it's worth fighting for.

In this scene from Lord of the Rings: The Two Towers (Jackson, 2002), Samwise Gamgee shares an inspiring moment of truth and offers his companion hope for their ongoing journey. He described how the stories of old offer hope in the here and now. He spoke of how people persevered in times of darkness and trouble and how to take hope from those stories.

I can relate to Sam. He was an ordinary Hobbit who encountered the shadow, sought out wiser counsel and kept walking, even when things got darker. I started this research in dark times. I was an ordinary psychologist practicing in an isolated part of the world. Within a relatively short period of time I had several experiences that left

me feeling alone in the wilderness wondering if there was a clear road out. Several of the psychologists I worked with, including some I considered my friends, committed significant ethical violations. It seemed that every time I turned around another psychologist had gone under for doing things that not only harmed their clients, but also caused them to stop practicing. These folks were getting into trouble for activities such as sexual harassment of other staff and having affairs with clients. In almost each case I was surprised to learn that the person had made such significant transgressions, they didn't seem like "the type" that might get into trouble. I started to wonder if there were psychologists around who were on the right path.

I remember a former supervisor asking me, "Why are you still there?" This was a good question. My quick answer was that I still had hope, but in the days that followed I found myself wondering if trouble was inevitable. Trouble was something I knew well as a forensic psychologist. Our field focuses on how people come to do bad things. It was clear to me that knowing the Canadian Code of Ethics for Psychologists (2000) and understanding the dynamics of how people come to engage in illegal, immoral or unethical behaviour was insufficient to keep a psychologist from transgressing professional boundaries.

The growing darkness affected not only my sense of wellbeing but it was also hurting my environment. There was a cynicism that enveloped our office and to some degree, our larger network of psychologists and other professionals. We found there was a growing disrespect for the profession of psychology within our system. It wasn't unusual for me to attend multidisciplinary meetings and be asked to clarify what had happened to one psychologist or another. People were perplexed about how

such ethical errors could be made. Many people expressed their contempt or confusion for how such "highly educated professionals" could make such "stupid mistakes."

As the darkness intensified with the disclosure of the eighth psychologist getting into serious ethical trouble within a three year period, I needed to do something. It was important to find some sort of light, to seek wiser counsel. Initially, I turned to the College of Alberta Psychologists and found committee work to be comforting. There were psychologists there who seemed to understand ethics in a real sense. It was refreshing when questions about a provisional psychologist's supervision plan would evolve into discussions about whether the plan was ethical. People openly reflected on the Code of Ethics, debated about grey areas and made decisions based on the dialogue. The formal application of the ethical process somehow made ethics more real. I felt hope building. A return to graduate school also helped to illuminate my path and push away the shadow.

Another gift that coincided with graduate studies was my encounter with the literature on "moral distress", particularly when applied to psychologists (Austin, Rankel, Kagan, Bergum & Lemermeyer, 2005). Austin et. al. (2005) defined moral distress as the reaction a person can have when they know the right thing to do but don't do it due to internal constraints, failure or because of external constraints or barriers (Austin et.al., 2005). I was unable in my role as a front-line psychologist to do anything but observe the unethical actions of those around me. The powerlessness of being a witness to so much trouble had indeed been distressing. The darkness now had a name.

The journey became a unifying metaphor as I sat down to write. The journey was from my starting question through to the description of ethical exemplars in the conclusion. I was on a journey of exploration toward a deeper and richer understanding of professional ethics. This study afforded me the opportunity to travel with several psychologists known for taking ethical action. The stories that are told through this study are those of people who are holding onto something. They showed me that there was good in the world and that it is worth working for.

In the chapters that follow the story of this journey will unfold. It was important to explore the landscape to be travelled. Therefore, I start by reviewing the professional literature on psychology and ethics in the first chapter. The second chapter includes a discussion of the preparation undertaken for the study and an introduction to the exemplars who shared their ethical experience. The goal of this journey is to arrive at a rich description of the lived experience of being a highly ethical psychologist.

Four themes emerged from discussions with psychologists Abe, Betty, Carla, Doris, Erika and Faye[1] as they shared their experiences of being highly ethical. Each of these themes, Competence, Virtue, Environment and Mindfulness will be discussed in a separate chapter. Finally, in the concluding chapter of this dissertation the journey ends with a reflection of lessons learned from the road and recommendations for future travels.

[1] The names of the participants in this study have been changed to ensure their anonymity.

The Ethical Landscape

A journey is made up of so much more than the road. It is somewhat ironic that I write elements of this chapter in a moving vehicle on a trip back to the community where my training as a psychologist began. The road has changed a lot since I last came this way. The route is familiar enough that I don't need a map to find my way but it is much more complex than I remember and people are literally moving faster than they did before. The highway has been twinned and the speed limit increased. Yet many parts remain the same. It still takes me through the historical centre of the prairies. I am on the same route that the early pioneers and the RCMP took over 100 years ago as this part of the world became colonized.

I am reminded how important it was to Canadian history that the RCMP moved west in 1883, before the first settlers. The plan was to ensure that settlement was peaceful and that there was respect demonstrated to the Aboriginal people and that there was order in the West. The RCMP's presence confirmed that there were interpersonal and legal standards to be maintained in the face of the wilderness and unexplored realities. In a sense they provided the regulatory backdrop for the moral development of a vast part of a young country (RCMP, 2006).

Psychology is a young discipline not much older than Canada. Like Canada it has its roots in old world traditions. Ethics for psychologists started to emerge as a deliberate area of focus in the 1930's and progressed to the development of the first American Psychological Association's (APA) code of ethics in the 1950's (Pope & Vetter, 1992). Pope & Vetter (1992) described how the APA chose to create "an empirically developed code" based on the experiences of a representative sample of

psychologists. The APA chose to examine and learn about ethical practice from studies of emerging critical incidents and to build from those experiences.

This activity is consistent with the view of Socrates, one of our earliest authorities on ethics. Socrates stated "the unexamined life is not worth living for a human being" (Plato, 1998a). Socrates wanted people to examine their lives so that they could learn how to *be* ethical. He saw ethics as a harmonious state of being of the soul and believed that ethical behaviour followed from a harmonious soul (Plato, 1998b).

The challenge of being an ethical psychologist

Although being ethical is an essential aspect of being a psychologist, it is not always an easy process (Kaslow, 2004). The literature is rife with articles discussing pitfalls associated with clinical practice (Bersoff, 1999a; Gabbard, 1994; Pope, 1990; Pope & Vetter, 1992; Smith, McGuire, Abbott & Blau, 1991). There is also a wide variety of work written about how to stay out of ethical trouble (Eberlein, 1987; Stevens, 2000; Wilson & Ranft, 1993). This situation may reflect the APA's methodology for developing the original code of ethics. The exercise was, according to Kenneth Pope's account, a direct attempt to ensure that people knew what "trouble" could look like so that psychologists could be supported in avoiding such trouble. Although the practice and teaching of professional ethics for psychologists may have been consistent with the intention of Socrates and Plato, Prilleltensky, Walsh-Bowers & Rossiter, (1996) suggest that psychologists moved away from personal examination and that harm has emerged from the resulting unexamined

expertise of the psychologist. Prilleltensky, Walsh-Bowers and Rossiter (1999) stated that:

> In our view, much of the literature on professional ethics remains less than useful because it lacks the lived experience component. Professionals do not see themselves readily reflected in the literature because it is based either on aspirational statements or simplified research vignettes (p. 317).

Prilleltensky et. al. (1999) find that the current state of ethical instruction is not sufficiently helpful for psychologists to find their way. Professional ethics may be considered a map that guides psychologists to their professional destinations. However, a map is only as useful as the data it is based upon and the shared understanding of its purpose. It is appropriate to review the information that puts the current map guiding psychologists, the Canadian Code of Ethics for Psychologists (CPA, 2000) into its larger context. This review of the psychological ethics literature will help also define the topography of issues that define the ethical experiences and journeys of the psychologists participating in this study.

Truscott & Crook (2004) suggest that the ethical road for psychologists is in reality a combination of ethics, standards of professional conduct and legal standards. An ongoing, careful exploration of the ethical landscape is therefore important as what is considered ethical may change as the context of practice evolves.

Scanning the Horizon of Psychological Ethics

One of the most striking sights on the TransCanada Highway is the rise of the Rocky Mountains on the horizon as you drive westward from Calgary. Initially there

seems to be a solid wall of mountain; the individual mountains are not immediately discernable. As you get closer, the individual mountains start to become apparent. What appeared like shadows from a distance become details of trees, bald rock and snow peaks. The names of specific mountains are posted on the road, others go nameless. As one gets closer, the mountains reveal more of themselves as individuals.

This shift of perspective fits with Gadamer's concept of horizon. For Gadamer a horizon is a sphere of understanding about the world that arises from the knower's particular situation or vantage point at a specific time in history (Hathaway, 2004). Hathaway (2004) clarified that a horizon is the range of possible meanings available to a person and that when that person encounters those meanings they reformulate their preconceptions to take up the new meaning and allow it to connect with what is possible within their already known horizon; consequently their horizon expands. The task for the inquiring person is to find clarification and understanding in order to gain a common meaning of a phenomenon.

In this spirit, I considered the horizon of the ethical landscape for psychologists. The first step in considering the landscape is describing what is present. It initially appeared to be a unified view of ethics with perhaps two major peaks. Each peak represented one answer to the question of "what determines good or ethical action. Is it motive or results?" The first peak seemed to be deontological theory, the other consequentialist thought.

Deontology.

Kant (1987), the most well-known deontologist, attempted to discover the rational principle that would stand as a categorical imperative or unconditional moral

law applying to all rational beings that would ground all other ethical judgments. The main theme of deontology is the duty to abide by rules, regardless of the consequences (Kant, 1987, Jordan & Meara, 1990). Kant wrote that people should act in such a way that they treat each person with dignity and respect, as an end and never simply as a means (Kant, 1987). This aspect of Kant's teaching has heavily influenced the practice of psychology, especially when applied to issues such as informed consent for research or treatment. Deontologists hold that there are standards independent of the ends for judging what is good (Beauchamp & Childress, 1983). Deontologists focus on what is the right action as directed by the right motive for action, emotion or other non-rational processes have no place in ethical decision-making.

Ethical behaviour for the deontologist is action motivated by, and in compliance with, one's duty. The source of this duty depends upon the type of deontology. The social contract theory argues that members of society collectively agree upon certain duties. Divine deontologists posit that divine authority in the form of religious texts and their accompanying doctrines provide the rules. Reason-based deontologists suggest that ethical conduct is that which any rational person would condone or prescribe based upon his or her application of pure reason (Hadjistavropoulos, & Malloy, 2000, Kant, 1987).

An example of deontological practice applied to psychology arises from the question "what should I do now?" If the response of the psychologist is to look up the rule within the standards of practice established by his or her professional association and follow that rule without question then the psychologist is following a

deontological approach. The motive of the psychologist is to act in accordance with the pre-defined "right" action. If the psychologist does not agree with the rule for some reason it is possible for him or her to question the rule and to seek changes to the rule; however, while the rule stands it should be followed. The measure of the ethical action is the compliance with the rule, not some other action.

Consequentialism.

Consequentialism refers to ethical theories where the focus is on the consequences of actions (Beauchamp & Childress, 1983). This perspective holds that morally right actions are determined by the goods (e.g., friendship, pleasure, knowledge, happiness, health or virtue) that they produce. When the question is asked "where do you look to measure the ethics of an action?" consequentialist theory directs you to look at the results or consequences of the action.

For example, supporters of utilitarianism, a form of consequentialism, advocate that action that generates the greatest pleasure and least pain for the greatest number is ethically good (Bentham, 1988, Mill, 1987). The debate between utilitarians comes in examining what constitutes the appropriate pleasures to be pursued and the pains to be avoided. Epicurus, a Hellenistic philosopher credited with developing early utilitarian thought, focused on physical sensation and the pleasures and pain of the individual (Audi, 1995). Bentham (1988) expanded this focus to include the balancing of pleasures and pains to include the greatest good for the greatest number. Mill (1987) emphasized that a consideration of the greatest goods also involved the pleasures and pains of reason and the higher emotions. Followers of rule-utilitarianism advocate that the greatest good is achieved by following prescribed

rules (Hadjistavropoulos & Malloy, 2000) which have been determined to bring the greatest good in the majority of instances. Whatever the specific focus for the utilitarian, the primary questions for utilitarian ethics are "what ought I to do in order to achieve the greatest good for the greatest number?" and "what is the measure of the good?" (Melden, 1967; Mill, 1987).

Taking a closer look at the horizon

In considering the ethical horizon for psychologists, it seems too simple for there to be just two perspectives. The literature suggests that although psychologists tend to discuss the deontological and consequentialist schools of philosophical thought (Truscott & Crook, 2004); there appears to be more to the discussion than duty and ends. The issue of the importance of the character of the psychologist or virtue ethics is also an important aspect of the ethical literature. The primarily linear processes of deontology and consequentialism do not speak sufficiently to the experience of psychologists. Therefore, the processes reflected in ethics of care and relational ethics are important to consider as well. Each of these streams of ethical thought will be discussed.

Virtue ethics.

Aristotle's Nichomachian Ethics is one of the earliest and remains one of the most important texts on virtue ethics. For Aristotle, the goal of the virtuous person is to live a life of action in accordance with reason in order to achieve fulfillment and happiness (Aristotle, NE, 1098a15-18). Aristotle considered that all people had the capacity to be virtuous but that it needed to be developed by practice, that is, by doing

virtuous acts (Copelston, 1953). He also considered that being virtuous required feedback and guidance from virtuous teachers; role models in how to live an ethical life (NE, 1103b14-26). Punzo (1996) suggests that the goodness of an act, according to virtue ethics, is determined by the qualities of the agent performing the act, not the ends of the act itself or the adherence to prescribed rules.

Contemporary virtue ethics continues this focus on the subjective qualities, traits and habits that lead an individual to make ethical choices and actions (Freeman, 2000). Alistair McIntyre (2000) offered the following definition of virtue:

> A virtue is an acquired human quality the possession and exercise of which tends to enable us to achieve those goods which are internal to practices and the lack of which effectively prevents us from achieving any such goods." (p. 219).

Spohn (1992), following his review of virtue theories over the centuries, suggests that all discussions of virtue ethics have five common features:

- Moral evaluations focus on the individual's character. Actions are important because they display the individual's values and commitment.
- Good character generates practical moral judgments based on beliefs, experiences, and sensitivities more than or instead of rules and principles.
- A moral psychology gives an account of how virtues and vices form and develop.
- A theory of human fulfillment explains by example the goals toward which virtues lead and/or in which the virtues are components.

- Increasingly, attention is paid to the cultural shaping of virtues and what relation, if any, exists between specific historical manifestations of virtues and more universal human traits. (p.61).

McIntyre (2000) saw that virtue ethics required answers to three questions: a) Who am I? b) Who ought I to become? and c) What form of action will bring me from the present to the future? Answering these questions requires that a person engage in self-reflection and self-understanding and the willingness to be responsible for one's life. According to this model, as one grows in self-understanding and uses prudent judgement, who one is and how one ought to be becomes clearer (Freeman, 2000).

This focus on the characteristics of the individual has not been a comfortable fit for all psychologists. Jordan & Meara (1990) view the reliance of psychologists on rational thoughts and behaviour and the consequent strict adherence to ethical decision-making rules as psychologists trying to distance themselves from their personhood. Jordan & Meara (1990) are concerned that if the humanness of psychologists is removed from the ethical process, ethical decision-making may become more like solving abstract thought puzzles than real-life responses to people or situations. Consistent with McIntyre's model of virtuous development, Bersoff (1996) suggests that it may be that the very ability to recognize situations in which the psychologist is ethically vulnerable is a virtue-based ability. If one is not open to the idea that one could be unethical, there may not be much effort put into exploring situations in which the vulnerability to unethical behaviour is present. In this

situation, the abilities to be self-aware and to engage in honest self-reflection may be viewed as virtues (Bersoff, 1999a; Kitchener, 1984; Vasquez, 1996).

Inclusion of virtue ethics may support the work of psychologists in multi-cultural settings. Vasquez (1996) argues that a virtue perspective allows for the possibility that rules appropriate to one cultural setting do not always work well in another. The self-reflecting virtues of prudence and integrity seem to support flexibility in responding to the cultural needs of clients. For example, she suggests the rule of not having dual relationships in a western-European context is not necessarily appropriate in a rural or Aboriginal community context.

Jordan & Meara (1990) suggest that proper professional conduct is complicated because decisions are rarely about what is absolutely right or absolutely wrong. Virtuous and competent individuals need to exercise careful professional judgement. Meara & Schmidt (1996) consider that having guidelines alone is insufficient for consistently ethical behaviour. They define the characteristics of a virtuous agent as one who is: a) motivated to do what is good; b) possesses vision and discernment; c) realises the role of affect or emotion in assessing or judging proper conduct; d) has a high degree of self-understanding and awareness; and, e) is connected with and understands the mores of his/her community and the importance of the community in moral decision-making. These five characteristics provide the basis for development of specific virtues, which in turn comprise one's character. Meara & Schmidt (1996) go further and suggest that the characteristics of a virtuous psychologist should include the self-regarding virtues of prudence and integrity and the other-regarding virtues of respectfulness and benevolence.

Punzo (1996) suggests that the benefit of virtue ethics is that such a position affirms the vital role of the person in ethical decisions. The person acts ethically because it is the appropriate expression of their beliefs and values. The choice to act ethically in turn encourages a deepening of the ethical nature of the individual and an increase in that person's well-being. This process, according to Punzo, allows a harmonious balance within the individual and between the individual and his or her community. In a virtue based perspective, ethics are internalized and integrated, not solely dependent upon externally established rules. It may be that doing the appropriate ethical action requires more than knowing the ethical maxims and the accepted means to meet them.

Haas, Malouf and Mayerson (1988) found that there are similarities among psychologists in their responses to ethical dilemmas. However, they found that therapists with the greater amount of experience were less likely to actively identify and deal with ethical issues. They suggest that more experienced therapists consider the possible outcomes associated with responding (e.g., "nothing will happen even if I do report this") and choose to take no action. Betan and & Stanton (1999) defined "ethical resoluteness" as the confidence that the psychologist will do what they think they should. They found that ethical decision-making and resoluteness are not simply a matter of implementing rules; decision-making is influenced by the psychologist's emotional reactions, values and contextual concerns. There is an interaction between the person making decisions and their physical and interpersonal environment.

Feminist Ethics and Ethics of Care.

Feminist ethics sees caring as a moral imperative. However, morality is not defined through a duty or overarching principle. It is established as the result of responsibility recognized within the context of special caring relationships (Freeman, 2000). Carol Gilligan (1982) is a primary voice related to feminist ethics. She clarified through her research that there are two forms of moral judgement - justice and care - and that these are gender related. Her conclusion was that women base their moral reasoning on relationships rather than individuality, attachment rather than autonomy and the injunction to care rather than to restore the rights of others. Her contributions to ethical theory, especially contrasted with the justice orientation of Kohlberg (1981), will be discussed later in this paper as part of the section on moral development.

Ethics of care emerged in the 1980's with an understanding that a moral or ethical decision is based not only on the rational aspects of a situation but also on the attachments, vulnerability and interdependence between the person caring and the person receiving care (Vanlaere & Gastmans, 2005). This perspective facilitates the expansion of the horizon of which factors should be included in ethical decision-making. Noddings (1984) challenged the rational-cognitive approach as too limited. When the teaching of ethical behaviour is focused on justification of decision-making she claims that "the feelings, the conflicts, the hopes and ideas that influence our eventual choices" (p.8) are neglected. Only the justifications of actions are discussed; not the motivations or emotional reactions involved in those actions. Nodding

suggests that this leads to a thin description of the ethical decision-making process and misses some of the heuristic processes involved.

Relational Ethics.

Relational ethics (Austin, Bergum & Dossetor, 2003; Bergum, 1998) are based on the assumption that all ethical action is situated in relationships. Ethical knowledge and the experience of making ethical decisions are integrated within a complex relational context where there is "messiness", where context matters and there are no absolute rights and wrongs. Austin et. al. do not suggest that "anything goes", but the maintenance or development of the relationship matters in the discussion of ethical action. Bergum (1998) and Austin, Bergum & Dossetor (2003) suggest that in order to truly understand the ethical demands on health care professionals it is important to situate the professionals within their practice context. The rules and the person alone are insufficient to determine ethical behaviour.

The relationships between the psychologist and clients, peers, institutions and community greatly influence ethical behaviour. Bergum (1998) defines relational ethics as holding four central concepts:

> Ethics is "how" we treat each other while clinical concerns attend to the "why" of a particular treatment; 2) ethical action is reciprocal (that is, providers and recipients both give and both receive); 3) personhood (autonomy) is developed and expressed through connections between people rather than through individual rights; and 4) ethics is the question "what should I do now?" rather than the statement "this is what you should do now."

Inclusion of an ethic of care and relational ethics in addition to virtue ethics supports an expansion of the potential factors that may be included when psychologists make ethical decisions. Krebs & Denton (2005) confirm that social and personal factors exert significant influence over ethical behaviour. Therefore it is important to consider the issues that might influence the social and personal goals of psychologists as they engage with their practices and clients.

Interpreting the moral landscape

Not all ethical theories have been discussed here. I have selected the theories that seem most connected to the literature on psychological ethics. This approach also fits with Gadamer's concept of horizon (Vanhoozer, 2005). My goal in this section has been to broaden the view of ethics to allow for greater understanding of where the participants in this study might take me. The intention was to allow a starting point that allows for inclusion of the perspectives of others in building a richer and deeper understanding of psychological ethics. Not all psychologists might appreciate this approach.

Just as some people get closer to the mountains and are still impressed by how the mountains maintain their presence as a range, rather than distinct mountains; not all psychologists accept that there is a need to consider the major ethical systems as separate. Hadjistavropoulos and Malloy (2000) hold such a view, suggesting that there is utility in approaching ethics from a vantage point that blends philosophical perspectives. They support the assimilation of consequentialist and deontological perspectives, noting that these approaches both focus on external goals. They support

a fusion of theoretical frameworks to take the best of what each theory offers to support psychologists in ethical practice.

Vanhoozer (2005) suggests that Gadamer's 'fusion of horizon' is not the same as an assimilation of horizons. Vanhoozer supports the opening of understanding of different views without necessarily having to accept all positions within one's own stance. In suggesting that a psychologist can integrate consequentialist and deontological views Hadjistavropoulos and Malloy (2000) have not correctly and consistently distinguished deontological and consequentialist thought in their work. They refer in their text to the Canadian Code of Ethics as an application of deontological thought. However, the code was developed specifically "to act as a support and guide to individual professionals" not as an absolute standard or rule to follow (Sinclair, Poizner, Gilmour-Barrett, & Randall, 1992).

It is important to recognize that when Hadjistavropoulos and Malloy (2000) recommend a pluralistic approach as useful, what they are focusing on is the utility of drawing from various theories. They use what works in the situation to achieve their greater good: this is essentially a utilitarian approach. When they claim to be talking about deontology, they are actually talking about rule-utilitarianism or another consequentialist theory that directs a psychologist to apply a rational principle in making a decision because deontology is not directly concerned with consequences. Thus, there is confusion in the literature between what rule-based utilitarianism is, or what application of a rational principle in a consequentialist ethic requires, and what a deontological process is. For example, psychologists discuss a duty to protect vulnerable people through direct action. However, it is debatable whether this is a

deontological duty (i.e., an unchallengeable rule) or a strongly held consensus view of the guiding principle. As psychologists explore the theoretical underpinnings of their ethics, it makes sense that the commonly held view of what is good or right will also change.

Moral Development Theory.

Moral decision-making theory for psychologists supports the expanded horizon described previously. There is recognition that not all psychologists seem equally adept at detecting problems either in anticipation of, or even during, problem situations (Bersoff, 1999a; Bersoff, 1999b; Gabbard, 1994; Pope, 1990; Pope & Vetter, 1992; Smith, McGuire, Abbott & Blau, 1991). This may be due to a lack of training or personal deficits in the psychologist. Not all psychologists enter graduate training with a well developed approach to solving ethical problems. Formal teaching of ethical problem solving strategies is apparently helpful. Gawthrop & Uhleman (1992) found that students exposed to formal ethics teachings were more able to solve ethical problems than students who experienced an informal process. However, they also noted that the mere provision of ethics information is not sufficient to foster high quality ethical decision-making. It may be that psychologists enter a developmental process where ethical competence develops over time and with experience.

Facing ethical problems can be a source of great stress for some psychologists. This may affect the psychologist's ability to use problem-solving strategies. Jew, Green & Kroger (1999) found that resilient people can access particular skills and abilities in complex and difficult or stressful situations. They found that the three main factors associated with resiliency include: a) future orientation (i.e., optimism,

hope and positive projective anticipation); b) active skill acquisition (i.e., formation and use of relationships for survival, information seeking, precocious maturity, and altruism); and, c) independence/risk taking (i.e., rapid responsivity to danger and decisive risk taking). Their theory suggests that resiliency is based upon aspects of the characteristics of the individual, their use of principles or rules to guide decision-making, their connections to others and their lived experience. These authors suggest that resilient psychologists are more likely to be ethical. This finding is consistent with the thought that ethical behaviour is connected to a moral developmental process that builds with experience.

Whatever the reason for why some people are not as adept as others at problem solving, it is helpful to explore the immediate link between the philosophical underpinnings of ethics, moral development and ethical decision-making. Philosophy influences the conceptualization of moral thought processes. Understanding how people make moral decisions supports the development of ethical decision-making models. Therefore, the level and type of moral development of the professional may also play a role in the ethical choices of the psychologist.

Lawrence Kohlberg and Carole Gilligan are two prime sources of moral development theory within the professional ethics literature (Bersoff, 1999a; Jordan & Meara; 1990; Krebs & Denton, 1997; Lasch, 1992; Neukrug & Lovell Parker & Radha, 1996). Kohlberg held a deontological perspective focusing on moral rules and knowledge; while Gilligan, as noted earlier, takes a feminist/relational perspective, focusing on responsibility within the context of relationships (Meara and Schmidt,

1996). Gilligan provided an alternative theory starting from the premise that Kohlberg's theory was non-inclusive of women's experience (Gilligan, 1982).

Kohlberg (1981) defined morality in terms of the ability to consider the most just solutions to moral dilemmas. His model focuses on moral understanding, or moral knowledge or deontological rationality (Kohlberg, 1984). Gilligan (1982), originally a colleague of Kohlberg's, studied moral decision-making by taking gender into account. Her work challenged Kohlberg's hierarchy of moral developmental stages. Besides the critique that Kohlberg's moral development theory was gender biased, Gilligan seems to distrust Kohlberg's reliance on abstract and linear/hierarchical reasoning, especially if it over-rides the interpersonal context in which moral choices have to be made (Lasch, 1992).

Krebs & Denton (1997) also critiqued Kohlberg's model because it was developed by having people respond to abstract dilemmas about other people. They argued that private ruminations about abstract moral dilemmas are a relatively rare experience. When people consider philosophical dilemmas, they usually discuss or debate them with other people. In the case of Kohlberg's test they discuss them in audience with the researcher. This context carries with it implicit roles and expectations. Krebs and Denton (1997) state that people adapt the structure of their moral reasoning to their audiences, a finding consistent with social psychological literature on impression management. People make moral judgements for reasons other than to resolve moral dilemmas, and if we are to understand human morality, we must attend to the other functions moral judgements serves.

Krebs and Denton (1997) suggest that both Gilligan and Kohlberg are limited due to their methodology. They found that people do not necessarily progress from one stage of development to another but maintain old structures of moral judgement and invoke them in response to particular types of dilemmas. There seems to be interplay between the types of moral issues they address and the cognitive structures available to them. Structures of moral judgment are domain-specific and they develop in an additive inclusive manner. The more likely that someone important to you is going to learn about your decision, the higher the level of moral reasoning used. The less likely it is to be a socially scrutinized decision then the more likely self-serving or lower levels of moral reasoning will kick in. Krebs and Denton (1997) draw from the social psychology literature on impression management and cognitive dissonance to reflect on ethical practice. They suggest that using real-life discussions will provide greater insight into how people actually make moral choices. Prilleltensky & Walsh-Bowers (1999) concur with this perspective stating that the literature regarding current models of ethical problem-solving fails to document how ethics are experienced, by psychologists, on a daily basis in real situations.

A Route Emerges

There is debate in the literature about whether only adherence to professional guidelines is involved in ethical decision-making or whether other aspects of the psychologist's world view are also important (Bersoff, 1996; Jordan & Meara, 1990; Meara & Schmidt, 1996). It is only possible to get to our destination when we have decided where we are trying to go. For example, is the goal of ethical action to measure the cost/benefit ratio of pleasure and pain (utilitarianism), to focus on the

strength and quality of relationships (relational ethics), to be concerned with caring compassion (care ethics), or to act from a well developed character (virtue ethics)? It is important to realize that these various interpretations of ethics are not mutually exclusive, so a further question is whether and how these various elements can co-exist within the ethics terrain.

Aristotle is a recognized authority on virtue ethics. He states that "excellence [virtue], then, is a state [of character] concerned with choice… this being determined by reason and in the way in which the man of practical wisdom would determine it. Now it is a mean between two vices [excess and deficiency]… because the vices respectively fall short of or exceed what is right in both passions and actions" (NE, 1106b36-1107a4)[2]. Aristotle also supported the inclusion of motives and relationships in the consideration of ethical action. He stated that when looking at the goodness of behaviour it must be done: "to the right person, to the right extent, at the right time, with the right aim [with the right motive], and in the right way" (NE, 1109a26-28). From this statement, it can be seen that the virtue ethicist sees the importance of both character and the consequences of actions. As noted earlier, John Stuart Mill (1988), an authority on utilitarianism, states that it is not only important to measure the bodily pleasures and pains but the higher pleasures and pains of the human character. For a utilitarian the motive of the actor isn't important when considering the consequences of the action but the proper motive is critical when assessing the character of the actor.

[2] The quotes are from the W.D. Ross translation revised by J.O. Urmson; however, the square bracket insertions are based on the Aristotle (1947) W.D. Ross translation alone.

Given the subsequent discussion of the experiences of highly ethical psychologists from a phenomenological perspective, starting from a richer conceptualization of psychological ethics seems appropriate.

Reading the map of psychological ethics

Just knowing where you are going, and where you have already been, in terms of ethics is not sufficient information to get to the destination. Knowing how to get there is part of the psychologist's responsibility. There remains a debate about how to best support psychologists in following an ethical route. Not everyone follows a formal map or becomes expertly familiar with the landscape before setting off on their journey. Just asking for directions when lost may suffice for some people. It sounds reasonable that some people might consider looking at a map to orient them to a particular travel goal but then not feel the need to refer to the map beyond that initial orientation. Their tolerance for getting lost may be high or their available time may allow for several attempts at getting to their destination. Sometimes, however, it is more effective to have people carry the maps with them to allow for the fewest errors and the most efficient travel. However, not every knows how to read a map.

Map reading is an acquired skill. A map reader needs to be able to recognize the symbols on the map and chart a course according to where they intend to go. The psychologist identifies their moral and ethical signposts and plots their course. Therefore ethical decision-making theories are important aspects influencing the choices psychologists make navigating the professional landscape.

Ethical decision-making models.

While the discussion of moral decision-making is helpful to support the understanding of how to make moral decisions in general it is also helpful to consider how these general principles have been applied to ethical decision-making by psychologists. Several models are presented including Kitchener's (1984) problem solving model, the Canadian Psychological Association's (2000) hierarchical principle-based model, Hadjistavropoulos & Malloy's (2000) principles and philosophical model, Cottone & Claus's (2000) social constructivist model, and Hansen & Goldberg's (1999) web approach. The presence of several ethical decision-making models suggests that there are many ways to legitimately interpret a code of professional ethics.

Karen Kitchener (1984) extended Beauchamp & Childress' (1983) model of bio-medical ethical decision-making, applying it to the practice of psychology. According to Kitchener's model, a psychologist responds intuitively and with ordinary moral sense when faced with the facts of a situation. The psychologist does so based upon what he or she has previously learned about ethical behaviour, including his or her knowledge of the code of ethics. This is an immediate, pre-reflective reaction that may be sufficient for most practice-based situations. However, this intuitive level of responding is not enough for ethical dilemmas. The psychologist, upon recognizing this, refers to a critical-evaluative process made up of three tiers of increasingly general and abstract forms of justification. The first tier is a more formal reference to the professional code; the second tier is to consider and

apply the more general and foundational principles of ethical action. The third tier is to consider the dilemma in the context of the overarching philosophical theory.

Kitchener incorporated the principles defined by Beauchamp and Childress (1983) into her model. These include: a) respect for autonomy; b) nonmalfeasance; c) beneficence; d) justice; and e) fidelity. Respect for autonomy includes acknowledging the right of another to define his or her own course in life and make his or her own decisions. It also includes acting in a way that enables, rather than hinders, another's right to make his or her choices. Nonmalfeasance is the obligation to do no harm to others. Beneficence is the obligation to take positive steps to help others including the prevention and removal of harm. Fidelity refers to faithfulness, loyalty, honesty and trustworthiness that support the needed trust that is core to the traditional therapist-client relationship. Finally, Beauchamp and Childress refer to justice in the sense of distributive justice, making sure that people have access to services and that discrimination based on gender, ethnicity, race or socio-economic status is avoided. If the dilemma has not been resolved after appeals to these principles, the psychologist is directed to consult the underlying ethical principles, which, for Kitchener were utilitarian in nature.

Like Kitchener's model, the Canadian Psychological Association (1992) grounded their model in core ethical principles and then developed seven steps to support the application of these principles. The Canadian Code of Ethics for Psychologists (CPA, 2000) departs from the Beauchamp and Childress model in that it is based upon four ethical principles derived from empirical methods that captured the "collective wisdom" of Canadian psychologists (Sinclair, 1998). Sinclair (1998)

included the following four principles, weighted and organized in order of importance: a) respect for the dignity of persons; b) responsible caring; c) integrity in relationships; and, d) responsibility to society. The "highest good" is defined as respect for the dignity of the person. This ordering of the principles for ethical decision-making is unique to the Canadian Code of Ethics for Psychologists (Sinclair, 1998).

The basic steps of ethical decision-making according to the CPA (2000) include: 1) identifying who is potentially affected by the decision; 2) identifying the ethically relevant issues and practices that are pertinent to the dilemma; 3) considering how issues specific to the psychologist (i.e., biases, stresses or self-interest) might affect the decision made; 4) designing alternative courses of action; 5) identifying the potential risks and benefits that are associated with each course of action; 6) selecting a course of action after careful application of the code of ethics; 7) taking action with a commitment to assume responsibility for the consequences; 8) evaluating the consequences of the selected action; 9) accepting responsibility for the action taken and, if necessary, taking steps to correct any negative consequences that the action may have caused; and 10) taking whatever appropriate action to prevent future occurrences of the dilemma (CPA, 2000).

Hadjistavropoulos & Malloy (2000) expanded the CPA model into what they considered to be a comprehensive decision-making model for Canadian psychologists. This model provides the philosophical underpinning to ground and support the CPA's principles and decision-making process. Hadjistavropoulos and Malloy suggest that there are also five categories of variables (individual, issue

specific, significant others, situational, and external) influencing ethical decision-making that should also be considered at each stage. The stages referred to are those included in the Canadian Code of Ethics for Psychologists (CPA, 2000).

The social constructivism perspective of decision-making differs significantly from the models described previously. Cottone (2001) is critical of most decision-making models because although they describe the steps involved in making ethical choices, they do not adequately describe how a psychologist makes one choice over another (Cottone & Claus, 2000). This approach clearly places ethical decisions within the social context, not in the head of the decision maker. According to Cottone (2001) decision-making becomes an interpersonal process of "negotiating", "consensualizing" and "arbitrating". Cottone & Claus (2000) argue that in part this is due to a poor link between philosophical theory and the steps involved in making ethical decisions.

Cottone (2001) describes an ethically sensitive professional, operating from a social constructivism mode, as taking the following steps to resolve an ethical dilemma: a) obtain information from those involved; b) assess the nature of the relationships operating at that moment in time; c) consult valued colleagues and professional expert opinions (including ethics codes and literature); d) negotiate where there is disagreement; and, e) respond in a way that allows for reasonable consensus as to what should happen or what really occurred.

From the view of a social constructivist, psychologists "are less vulnerable to ethical challenges if they are linked to a rich professional culture, which is not supportive of a breach of ethical standards" (Cottone, 2001 p. 45). Within this

perspective, professional relationships should be chosen in accordance with the consensus of what it is to be ethical. The community to which the psychologist belongs develops this consensus. The Canadian Psychological Association could, by Cottone's definition, be the community.

Cottone (2001) argues that psychologists get into ethical trouble when they do not fully enter the professional relationship. If a psychologist does not associate regularly with ethically minded peers he or she runs the risk of making erroneous ethical decisions; of making a choice out of context. Adherence to the social constructionist perspective ensures that psychologists practice in connection with their profession and develop a shared, consensus vision of what professional behaviour is right and wrong. This view is also consistent with a relational ethics perspective.

Theory and relationships may not be all that influence ethical decision-making. Hansen & Goldberg (1999) suggest that ethical decisions are complex and as such it is insufficient to make decisions utilizing only a step-by-step decision-making model to resolve dilemmas. They propose that a non-linear model (i.e., a web design) be considered when exploring an ethical problem. The strands of the web include: a) moral principles and personal values; b) clinical and cultural considerations; c) ethics codes signifying the mandates and limitations on professional conduct by the governing body; d) the demands and regulations associated with agency or employer policies; e) federal, state and local statutes governing the practice of psychology and issues linked to practice, e.g., child welfare reporting laws; f) rules and regulations; and, g) case law.

The decision-making processes described above avoid prescribing solutions based upon rules that must be followed, choosing to focus instead on empowering the psychologist to deeply reflect upon her or his circumstances and choose an ethical solution in keeping with her or his principles and beliefs and in keeping with the principles adopted by the greater psychological community as reflected in, e.g., the CPA Code of Ethics.

An overview the psychological ethics landscape

Writing this literature review was like reviewing a series of guide books trying to figure out the right route for a trip. I scanned for the highlights of what to include in the trip. These were fairly simple to identify as they seemed to be discussed in almost every text. Then I went into reading more detailed descriptions of what there was to explore. For example, most of the material I read included discussions of duty and consequences. Moral development theory and ethical decision-making theory also seemed popular destinations. Much like it would be hard to visit the Rocky Mountains without visiting Banff or Jasper, the core of the discussion emerged. However it is hard to believe that these two points of interest are all that is relevant to see in the Rockies. Virtue ethics, feminist ethics, ethics of care and relational ethics added to the experience of the journey, pulling attention to more subtle but important aspects of the ethical terrain.

All of the decision-making models reviewed reflected the complexity of the ethical practice of psychology. Jordan & Meara (1990) supported the inclusion of the person as an important element of the decision-making process. Kitchener (1983)

reinforced the need for the principles of autonomy, nonmalfeasance, beneficence, fidelity and justice to influence a psychologist's ethical decision making processes. The CPA (2000) integrated these principles within its recommended decision-making process. Cottone (2001) stressed that a rich professional culture supports good decisions. Hansen & Goldberg (1999) validated how a web of factors including virtues, context, goals, policies and guidelines from a variety of sources support the best decisions. It was this image of a decision-making web that crystallized for me how complex it is to consistently make good ethical decisions.

Prilleltensky, Walsh-Bowers and Rossiter's (1999) comment that psychologists don't see themselves represented in the discussion on psychological ethics continued to ring true for me throughout my review of the literature. Each perspective addressed some valid elements of ethical practice, but it seemed somehow distant from lived experience. The need for a qualitative inquiry into that lived experience seemed validated.

Planning the Route, Packing a Bag and Picking Traveling Companions

Planning a Qualitative Research Route

My journey started with the question "what is the experience of being a highly ethical psychologist?" I needed to know more about that experience than a survey or questionnaire might be able to tell me. My question was a qualitative one and called for a qualitative response. Creswell (1998) defines qualitative research this way:

> … The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting. (p. 15)

I wanted to build this "complex, holistic picture" that could clarify how the highly ethical psychologists experienced being ethical. My goal in this project was to develop a rich understanding of what it means to be ethical. As a forensic psychologist, I had spent my career learning about how people got into trouble. I now needed to know what made it possible for people to not only avoid trouble but to thrive on doing the right thing for the right reasons.

Every licensed psychologist by definition must demonstrate that they have knowledge of and the ability to follow ethical codes in order to gain the ability to call themselves "psychologists" (Rétfalvi & Simon, 1998). This is achieved in this jurisdiction by the provisional psychologist participating in an oral ethics exam (College of Alberta Psychologists, 2005). A team of three psychologists act as evaluators during the exam and they test the applicant's ability to apply their knowledge of psychological ethics to their declared areas of practice (College of

Alberta Psychologists, 2005). Additionally all provisional psychologists had to pass the Exam for Professional Practice in Psychology (EPPP; Association of State and Provincial Boards of Psychology, 2006) which includes questions on ethics. Ethics questions contribute to Fifteen percent of the entire EPPP. The importance of ethics as part of this exam is reflected in the fact that the topic of ethics received the highest percentage of questions per area on the exam. The only one other area receiving an equal percentage of questions was the Treatment, Interventions and Prevention area.

Therefore, I expected that quantitatively testing for knowledge of the ethical code or ethical decision-making models would not provide the desired richness of description I sought. I did not want so much to explain their experience but to understand how these psychologists lived ethics. I wanted to know more about their relationship with ethics and how that was expressed through their daily experience.

Interpretive Inquiry

Interpretive inquiry includes a multitude of methodologies that can be used to question thoroughly the meanings and symbols of an examined life experience (Welker, 2004). Interpretive inquiry encompasses many qualitative research methods including both phenomenology and hermeneutics (Angen, 2000).

The Nature of Phenomenological Research

The power of the phenomenological method is that it helps to build a rich shared understanding that will promote more thoughtful action (Van Manen, 1990). Creswell (1998) defines the phenomenological method as the process of describing

the meaning of the lived experiences of several individuals about a phenomenon. The phenomenological researcher searches for the essence or central underlying meaning of the experience for individuals. The outward appearance of the phenomenon is explored as well as the personal consciousness of the experience based on memory, images and meanings (Patton, 1990).

The phenomenological approach called to me particularly because it reflects a return to the tasks of traditional philosophy (Creswell, 1998). I have had an interest in traditional philosophy since I started asking "why" questions as a youth. Phenomenological inquiry is a return to the conception of philosophy as the search for wisdom through the lens of lived experience as opposed to scientific reductionism.

This study has challenged me to become a more flexible researcher and writer. Wendy Austin, one of my advisors, inspired by her mentor Max Van Manen, warned me that this method involved writing and re-writing until a point is reached where sufficient clarity and description have been obtained that I might feel comfortable in stopping the writing process. This is different than my previous quantitative research experiences. In quantitative inquiry, writing ends when the data has been adequately reported and discussed. In qualitative work the reality of what is being studied is inextricably related to one's consciousness of it (Creswell, 1998; Valle and King, 1978). Encountering my participants and the consequent consciousness raising that occurred could have gone on for an indefinite period of time.

Phenomenology is appropriate to the study of psychology. Kruger (1979) defines psychology as a shared activity built by what people can communicate about their experiences and actions. It is the systematic study of the structures of human

existence by considering their lived experience in retrospection. The central tenets of psychological phenomenology are "to determine what an experience means for the persons who have had the experience and to provide a comprehensive description of it. From individual descriptions general or universal meanings are derived, the essences of structures of the experience emerge" (Moustakas, 1994, p.13). These tenets reflect the goals of this study.

Hermeneutical Phenomenology

This study will follow a hermeneutic phenomenological process. Van Manen (1997) defines hermeneutic phenomenology as a:

> Descriptive (phenomenological) methodology because it wants to be attentive to how things appear, it wants to let things speak for themselves; it is an interpretive (hermeneutic) methodology because it claims that there are no such things as uninterpreted phenomena (p. 180).

A hermeneutical phenomenological process seeks to move beyond the identification of themes to "systematically develop a certain narrative that explicates themes while remaining true to the universal quality or essence of a certain type of experience" (Van Manen, 1997, p. 97). Hein & Austin (2001) describe that in hermeneutic phenomenology descriptions are offered as "insights, not as replicable results of structural analysis" (p.9). They suggest that hermeneutic phenomenology involves a process of "contextualization and amplification rather than structural essentialization" (p.9).

This method allows me to interpret the comments of participants within a larger social context. Popular sources of information such as movies, books and cultural stories as well as profession data sources are available to support interpretation within the hermeneutic framework. The purpose of using these outside sources is to support the clarification and interpretation of the phenomenon being studied. Outside sources also support the exploration of the phenomenon within the context of the cultural milieu in which they arise and have meaning.

There is no formal step-by-step method associated with hermeneutic phenomenology. Max Van Manen (1990) clarified the organizing structure as involving six research activities: turning with commitment to an abiding concern; investigating the experience as it is lived; reflecting on essential themes; describing the phenomenon through writing and rewriting; maintaining a strong focus on the question; and balancing the research context by considering parts and wholes. Therefore, once ethical approval had been obtained by the University of Alberta Ethics Review Committee, I set out to focus on the lived experience of being highly ethical.

Seeking Exemplars

I set out to find highly ethical psychologists inspired by the method used by Jennings & Skovholt (1999). They used a peer-nomination process to identify "master therapists". Their method resonated with me in its simplicity. If you want to find people who are outstanding in their field, who are known for a certain trait, ask people in the field who they are. Just as Jennings and Skovholt found master

therapists, I felt that the same process would identify exemplars of ethical practice. An exemplar (Concise Oxford English Dictionary, 1995) is someone who is fit to be imitated or outstandingly good. Such a person could be considered a model or pattern of behaviour that typifies a specific class of psychologist (i.e., a highly ethical psychologist). Therefore, following Jennings & Skovholt (1999), I used the technique of snowball sampling strategy to identify exemplary psychologists.

Patton (1990) describes snowball sampling as an approach for locating information-rich informants or critical cases. The process begins by asking well-situated people: "Who should I talk to?" By asking a number of people whom else to talk to, new information-rich cases are accumulated and a few key names are mentioned repeatedly. Those people named as being valuable by a number of different informants take on special importance. The chain of recommended informants typically diverges initially as many possible sources are recommended and then converges as a few key names are mentioned repeatedly. This participant recruitment method depends upon the judgment of peers or colleagues.

I asked people to nominate *exemplars of ethical psychological practice*: a) with whom they had direct ethics-related experience; b) whom they would personally feel no hesitation to consult should an ethical dilemma arise; c) who had been chartered psychologists for at least 5 years; d) who were in good standing with the College of Alberta Psychologists and who were currently in active clinical practice (i.e., not purely academic or managerial). The peer nomination technique fit well with the phenomenological research design because people were asked to nominate other psychologists based upon their lived experience with an exemplar of ethical practice.

The Process of Discovering Exemplars

I started the nomination process in early February 2003. The excitement of starting this research process was tempered somewhat by visions of an endless game of telephone tag as I tried to connect with one busy clinician after another. Much to my surprise, and relief, the process went very quickly with most of my direct connections occurring on the first or second attempt. I started with four well-situated people and added names to the "to be called list" as people were nominated. I attempted to contact everyone nominated. I made a point of leaving detailed voice messages so that people could make informed choices about whether or not to call me back. The purpose of this study was shared as part of my introduction to each potential nominator. They were informed that the person(s) they nominated may be contacted to participate in this study if other psychologists name them as well. They were also told that when I contacted people I would be telling them that they had been nominated by someone but not by whom.

All of the people with whom I had direct contact to nominate highly ethical psychologists responded positively to my request. I was still in the process of connecting with five people when I ceased sampling, having reached my target number of interviews. In these cases people were out of town or I did not have correct phone numbers for them.

In two cases psychologists asked to delay responding to my request until they had obtained permission from the people they wanted to nominate. Both got back to me with a list of nominees. In another situation a psychologist contacted considered

responding but could not identify anyone within his experience who fit the nomination criteria listed.

Thirty-five psychologists were contacted directly within the three-week timeframe. From those calls 75 psychologists were nominated. The range of nominations by a single psychologist was from zero to eleven. The average number of psychologists nominated by a single nominator was 3.4.

Of all 75 psychologists nominated, fifty (67%) psychologists were nominated once. Nineteen (25%) psychologists were nominated twice. Four psychologists (5%) were nominated three times and two (3%) were nominated four times. Since it seemed unique to be named three or more times, I selected eight percent of those nominated to be interviewed. These figures suggest that the snowball sampling process was successful in identifying a unique subgroup of psychologists.

I looked for patterns in the nominations made. Many people nominated colleagues within their own practice. However, none of the final participants were nominated solely by psychologists from within their own practice. I also looked for a pattern of reciprocity, in which those nominated would in turn nominate those who nominated then. This also did not turn out to be the case.

Of those nominated forty-five (60%) were female and thirty (40%) were male. This balance did not extend to the actual participants interviewed, as five out of the six (83%) psychologists interviewed were female.

Most people kept to the assigned task - to simply nominate psychologists. Some however, felt it important to clarify their rational for nominating people. When they did describe their criteria, people indicated that they were nominating people

who were at one time supervisors from internships, former classmates, and current valued peers.

Many nominators indicated their interest in the outcome of the study. They also expressed curiosity about who was nominating whom, especially who had nominated them. Additionally, people expressed great interest in knowing who would be interviewed in the study as they would comprise what more than one respondent described as the "ultimate in referral lists".

Description of Exemplars

One male and five female psychologists were identified as "exemplars of ethical practice" for this study. Two participants had master's level training and four had their doctorates in Psychology. Their ages ranged from 44 to 57 years. Their tenure as chartered psychologists ranged from 12 to 27 years. All participants were in private practice. Many of the participants had also been "helping professionals", i.e., teachers, social workers, youth care workers, etc., prior to obtaining their chartered psychologist status.

- Abe[3] is a 44-year-old[4] male Ph.D. level psychologist in private practice that has been chartered for 12 years. He had 10 years experience as a "helping professional" prior to chartering.
- Betty is a 54-year-old female Ph.D. level psychologist in private practice who has been chartered for 22 years. She had 4 years experience as a "helping professional" prior to chartering.

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[3] The names have been changed to ensure participant's confidentiality.
[4] Ages and years of practice are listed as they were at the time of the interview in 2003.

- Carla is a 44-year-old female Master's level psychologist in private practice that has been chartered for 18 years. She did not have experience as a "helping professional" prior to chartering.
- Doris is a 56-year-old female Master's level psychologist in private practice who has been chartered for 12 years. She had 10 years experience as a "helping professional" prior to chartering.
- Erika is a 44-year-old female Ph.D. level psychologist in private practice who has been chartered for 21 years. She had no experience as a "helping professional" prior to chartering.
- Faye is a 57-year-old female Ph.D. level psychologist in private practice who has been chartered for 27 years. She had 4 years experience as a "helping professional" prior to chartering.

The Interview Process

I telephoned participants and explained that they had been nominated by their peers as an exemplar of ethical practice and asked them if they would participate in an interview as part of the study. Some of those nominated as exemplars had participated in the nomination process so they had some sense of the project. All six of those I approached agreed to participate and interviews were scheduled. Each participant was interviewed in the location of his or her choice. Five of the six participants chose their own offices. One chose mine.

I reviewed the study design with each participant to obtain informed consent. Then I collected basic demographic data before the formal interviewing began. The

actual interviews took approximately 40 minutes each with only one interview (Betty) extending over 60 minutes. Most of the interviews occurred in February and March 2003. The final participant was interviewed in August 2003. The delay was due to the travel schedules of both the researcher and participant.

A hand held tape recorder with an external microphone was employed to record the interviews. The first interview was redone when it was discovered that the external microphone had been inadvertently switched off. Participant "Abe" agreed to immediately redo the discussion. He responded to the same prompting questions and indicated that he thought he had given fairly similar responses to the initial interview. This was my recollection as well. On a few occasions Abe went into more detail on some of his original comments. In the end we both agreed that the second discussion seemed to capture all of the data from the first attempt with the only difference being a bit more detail.

A Quirk of the Process

As mentioned previously, interviews with participants were typically very short. All participants had been prompted to provide in-depth information about their experiences about being ethical, and they complied. However, it seemed that each participant had considered what they might say about their experiences of being ethical between booking the interviews and the actual event. For example, Carla[5] described her pre-interview preparation process:

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[5] Participant's words appear in italics. The quotations are not necessarily verbatim as they have been edited to remove utterances such as ums and ahs and phrases such as "you know". Repetitive phrases may have been removed. Some quotations have been shortened.

I was thinking about it before you came. I had really no idea of what you were going to ask me but I had a feeling you would ask me about what ethics mean to you and that's why I thought of people who know me, people who know my personality, know that I believe in being fair and so I thought that's what I would tell you today.

I had expected that participants would tell me about their experiences with ethics, perhaps give examples of specific times that particularly embodied their ethical practices. What participants actually provided was detailed information about what they thought about their experiences rather than describing their experiences directly. This provided a wealth of information from a writing perspective and a different kind of data than I had initially anticipated. It also posed a challenge in terms of the design of this study. There were several instances during this study where I reminded myself to "trust the process" originally planned. Therefore, I proceeded to analyze the data as described previously keeping focused on creating a rich description of being an ethical exemplar. This was in keeping with Van Manen's (1998) assertion that "phenomenology attempts to explicate the meanings as we live them in our everyday existence, our lifeworld" (p.11). Given the pre-processing provided by participants, it is therefore more appropriate to consider this study's design to be that of interpretive inquiry informed by hermeneutic phenomenology.

Reflecting on the Process

It was an interesting experience to sit in a participant's waiting room before the interview. It reinforced for me the interconnectedness of psychologists and the

challenges of maintaining confidentiality in small communities. Many of the participants were in practice with other professionals I knew through my own professional activities over the years. While waiting I recognised several people, many of whom knew that I was in a Ph.D. program. Their curiosity was obvious and a few asked me about how my dissertation was coming. It was challenging to engage in polite conversation with people and not indicate the reason why I was there.

The "small world" phenomenon continued following my first interview. I finished the interview, returned to my office and phoned my advisor to discuss how things went. He was already aware of what had transpired because the participant (Abe) and my advisor had met (unconnected to my research) shortly after the interview. Abe had told him that he had enjoyed the discussion and that he thought it was an interesting project. I experienced this feedback as encouraging.

Commitment

These experiences confirmed that this form of research is both a personal and interpersonal undertaking. It was not possible while conducting this study to stay totally detached from it, nor was this desirable (Bergum, 1991). Husserl originally suggested that researchers engage in a bracketing process so that they could isolate these experiences and set them aside (Zahavi, 2003). Husserl was a mathematician by training and his terminology reflects his own biases. He sought to separate out and hold separate the preconceptions and knowledge of the researcher so that it would not influence the discovery process. In the process of bracketing thoughts, attitudes and pre-existing suppositions are brought to the foreground and the researcher then

becomes more conscious. Husserl's thinking was that this setting aside would help bring fresh and new eyes to a phenomenon and therefore more objectivity (Zahavi, 2003). However, not all phenomenological researchers agree with Husserl's perspective.

I approach this work from an integrated human perspective where thought, feeling, physical and spiritual aspects of the individual are all part of the writing process. With respect to Husserl however, it is important to acknowledge the presupposing attitudes and beliefs that influence my work as I live the research experience (Hein & Austin, 2001). Merleau-Ponty (1962) suggested that it is impossible to free ourselves from our own subjectivity. However, through awareness of my own perspective I can then use it as a source of data to support the interpretation of the phenomenon I investigate.

In studying the experience of highly ethical psychologists it calls me to examine my own professional ethical stance, my own practice and how these integrate into my own life. Francine Hultgren (1995) suggested that phenomenology supports us in being more fully who we are. It was difficult at times letting my self get into a phenomenological mind set. My previous research experiences were primarily from a quantitative scientific perspective. I found this methodology intruding on me as I started to write. I am comfortable with the use of metaphor and the finding of themes imbedded in my client's words. I frequently employ narrative and metaphorical clinical interventions. However, it seemed at times that I was not writing "psychologically" when writing metaphorically or in the first person. This made it difficult to write. I approached and retreated from writing over several

months. It was not until I started to participate in a weekly seminar hosted by Wendy Austin, one of my advisors, that writing became possible. The seminar, known to me as the "Tuesday Morning Talkers", is a multidisciplinary group of graduate students engaged in a dialogue about phenomenology and ethics. This group provided me with the opportunity to experience phenomenology in action.

The writing of this work required that I acknowledge and process my own feelings about the psychologists that prompted the initial need to seek out highly ethical psychologists. I found through the writing and re-writing of this text that I resolved feelings of anger toward and distance from these people. I do not think it is coincidental that the writing of this work has coincided with my choice to leave prison-based work and to establish myself in private practice. I noted these reactions and addressed them in part through clinical supervision and in part through writing.

Moving into the Journey

The following chapters are the outcome of the process described above. Each chapter will focus on a separate theme that emerged from my reflections on discussions with six psychologists who are exemplars of ethical practice. The final chapter holds a description of the meaning of being ethical derived from the experiences of the ethical exemplars involved in this study. It also includes a discussion about supporting psychologists in following the lead of these exemplars.

"The road is long

with many a winding turn

to who knows where who knows when..."

(Scott & Russell, 1969).

The Long and Winding Road to Competence

Competence was the first theme to emerge from this study. Competence derives from the old French term, *competere,* i.e., the sense 'be fit, proper, or qualified.'(Concise Oxford English Dictionary of English Etymology, 2006). Tobias (2003) reviewed the rise of professionalism over the past few centuries and suggests that developing professional competence for most is much like "travelling without a map or compass". However, for psychologists the opposite seems to be true. The journey toward independent professional status for psychologists is analogous to that of an orienteering race. In orienteering participants start a race with a detailed topographical map, a compass and a list of control points at which they must check-in. It is not necessarily a competition against others but there is a defined goal and prescribed time frame for the journey. Each orienteering competition has mandatory "control points" at which participants must "check-in". How they get from the start to the control points is up to the individual. Each person must chart their own path, identifying the best route and avoiding potential barriers or pitfalls. The goal is to complete the course as quickly and efficiently as possible (International Orienteering Federation, 1999). People committed to this process may have coaches to help them plan for their race or to plot their course, but they must run the course on their own. Their success or failure reflects their ability to turn their preparation into practice.

The first check-point for the new psychologist is completion of graduate training. A psychologist must have the appropriate academic qualifications for their jurisdiction. The second check-point is the completion of either an internship or a probationary period of practice (or both). A third check-point is administrative and involves application for registration, where credentials and references are confirmed; for many this seems like the most challenging check-point, the one on the hill hidden slightly behind a big tree. Arriving there seems to take a lot of energy. Just as the journey starts heading for flatter ground there is another check-point, the Exam for Professional Practice in Psychology (Association of State and Provincial Psychology Boards, 2006). For many making the run, this is like encountering a stream in the middle of the course. It may take some time to find the best way to go through it and it may slow the runner's progress. If the psychologist can make it through this leg of the run, they face the final check-point, an ethics exam.

Each psychologist's journey through the course is unique to their circumstances and interests. Participants in this study reported that their path through graduate coursework and practica during graduate training prepared them well for clinical competency but that ethics training was not offered in any of their graduate programs. They were not given a map or compass in regards to their ethical competence and had to chart their own way regarding applied professional ethics and acquire ethical competence "on the road". Their independent map making skills appeared to be sufficient to allow them to rise to this challenge and become exemplars of ethical practice.

Registered Psychologists are competent psychologists, aren't they?

It can take more than a decade to complete the registration course from the beginning of graduate training to the point of being a psychologist licenced for independent practice (College of Alberta Psychologists, 2005). One would think that completion of this gruelling course would leave no doubt that a registered psychologist is a competent one.

Hannibal Lecter begs to differ.

> …Most psychology is puerile, Officer Starling, and that practiced in Behavioral Science is on the level with phrenology. Psychology doesn't get very good material to start with. Go to any college psychology department and look at the students and faculty: ham radio enthusiasts and other personality-deficient buffs. Hardly the best brains on campus… (Dr. Hannibal Lecter in The Silence of the Lambs; Demme, 1991)

Perhaps he is being a bit harsh but Dr. Lecter is not alone in being somewhat disparaging of psychologists. When I explain to people that I am exploring the experiences of highly ethical psychologists in this research, psychologists and non-psychologists alike commonly respond with smiles and statements like, "Is there such a thing" or "Have you had any luck finding one yet?" The cynicism that exists both within and outside the profession is striking.

Simon Nuttgens (1998), a graduate student in psychology, faced disillusionment early in his career as he found that people denigrate the ethical practices of psychologists and other mental health professionals. He identified several

ethical orientations demonstrated by psychologists in his discussion. He observed that some psychologists are bleeding hearts or do-gooders who make ethical errors from a place of inexperience and innocence. Other psychologists might belong to protectionist old boy's networks that cling together and protect each other by erecting and maintaining barriers to informing on each other's unethical practices. There are also the dinosaurs that haven't been to a training event for years. These psychologists continue traditional practices assuming that what was good before is good now. The final idea Nuttgens suggests is that some psychologists are arrogant and believe, without question, that they are right regardless of the circumstances or feedback. What resonates from Nuttgens' discussion is the reality that when psychologists act in unethical ways, for whatever reason, it reflects negatively on the profession as a whole. All psychologists get tarred with Hannibal Lecter's brush.

This brush was waiting for me when I went to work as a psychologist in the prison system. Psychologists were tolerated (at best). The common perspective was that psychologists were an unwanted bunch of "bleeding heart con-lovers" who were necessary to have around. The psychologist was seen as someone who helped inmates "get out early" and therefore was not to be trusted. My sense was that the institutional psychologists had to fight for every toe hold of respect with both staff and clients (who of course saw us as extensions of "big brother"). Credibility was always a fragile thing. And then things would get worse.

Within a few years several psychologists I knew personally had made significant ethical errors (including two of them committing the "worst" ethics violation– having an affair with a client). As the story of each incident circulated

within our small psychological community it had a cumulative effect. I felt angry that these individuals had not acted properly, had hurt their clients, had put themselves at risk of physical and professional harm and had denigrated the profession as a whole. I remember thinking that if so many of my peers were struggling, was I next to have trouble? Was there something I was missing? Was unethical practice inevitable? The psychological ethics literature, filled with discussions on how psychologists come to make ethical errors, validated my fears.

Ethical vulnerability

Faye confirmed that my experience of feeling ethically vulnerable may not be all that unusual.

> *...I'm going to be really honest about this - because I don't know if other people would be or not. I think this is an area of immense insecurity for psychologists. We all want to be ethical and when I was thinking about answering your questions, I was thinking "oh what if I get this wrong" or "what if I say something" and she'll go back and they'll type it out and her advisor will say "oh, we have to do something about her". I think it's, and I know that it's not only me or I wouldn't say it, (or maybe I would), but it's something you're very anxious about because we really do want to do the right thing.*

Faye suggests that due to the private nature of psychologists' work, they are not observed 'in action' and typically do not receive feedback or validation from others unless they seek it out or when they consult as a dilemma is brewing. Faye's comment suggests that this leaves psychologists with a sense of vulnerability about

being judged that goes beyond questioning whether the psychological theory or technique applied was correct. Psychologists, including exemplars of ethical practice, wonder if they are doing 'good' (i.e., ethical and competent) work. But perhaps, as Pope & Vetter (1992) suggest, this is a good thing. Perhaps when psychologists either don't have the feeling ethical of vulnerability, or ignore it, they get themselves into ethical trouble.

This vulnerability may be connected to the reality that what psychologists should do and what they actually do in their practices is perhaps not as congruent as people might believe (Smith, McGuire, Abbott & Blau, 1991). Psychologists seem to have well developed superegos. "Should do" responses are typically based on codified reasons (i.e., formal codes or standards of practice) while reasons for what psychologists actually do tend to be based more on non-codified or contextual reasons (i.e., intuition, personal moral standards, financial need, etc.) (Smith et. al., 1991). This difference between what people believe and what they actually do may reflect that there is less than consensus on what constitutes ethical behaviour (Yoder, 1998).

It is not easy to make practical ethical choices with confidence. The fact that a psychologist might "know" the rules is not always sufficient. John Raulston Saul (2001) validates this when he states that "context and reality help us to understand the real costs of striving to live in an ethical manner. They are part of knowing and choosing" (p. 92).

This difficulty reflects the long standing debate between deontological and virtue ethics. Aristotle contends that "we are inquiring not in order to know what

excellence [virtue] is, but in order to become good [virtuous]" (Aristotle, NE, 1103b28-29). Perhaps Saul (2001) has a good point when he suggests that:

> Ethics is about constant choice as life moves on… In other words, ethics taken seriously means living with uncertainty. 'Embracing ethics' means putting uncertainty at the centre of our lives (Saul, 2001, p., 84).

Defining competency as a psychologist

The age old question of "what is THE good?" is still valid and like all good questions, there is no simple answer. Psychologists are not alone in the struggle to set such professional standards of competence. Epstein & Hundert (2002) defined professional competence for physicians as "the habitual and judicious use of communication, knowledge and technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served" (p. 227). They suggest that competence depends upon habits of the mind, including attentiveness, critical curiosity, self-awareness and presence. This definition reflects the same complexity that participants in this study expressed, that clinical knowledge and skill are insufficient for competency; there are other significant aspects to being good at what you do. You need to know who you are (virtuousness), be oriented to care about what you do (mindfulness) and be aware of context in which you do it (ethical environment).

Starting out on the practice journey is not the same for everyone. I discussed preparing for the trip previously. The type of journey planned influences the preparation needed. Preparation might be different for someone travelling through

fairly civilized territory than it might be for someone doing more extreme events. For example, every year in Northern Alberta, there is an extreme running event called the Death Race. Participants compete in a cross-country ultra-marathon that takes them over mountains, across streams, through forests, through bear country and occasionally through a pretty alpine meadow. Those who do best in this event are typically those who are best prepared. They know their strengths and abilities and have packed properly for the event. They must be very physically fit as well as have the necessary skills for navigating a wilderness course. This process is not unlike the preparation for any journey, not just extreme competitions.

Psychologists working in an established public practice where there are strong protocols and lots of supervision need to prepare personally in a different manner than psychologists establishing themselves in a single person private practice. The analogy may be that a psychologist in public practice becomes fit within the support of a running group or team while the private "sole" practitioner might be more akin to someone who is training on their own with perhaps the consultation of trainer every now and then.

What I have learned in my travels around the world is that successful travellers pack only what is necessary for the trip. They bring along items that meet their basic needs and leave them with the most options for dealing with surprises. Those that learn from their experience review their needs and equipment at strategic points on the road. There are clear fundamentals that each traveller needs and will not leave home without. This is true for the professional journey taken by psychologists. To support the preparation process, professional associations have started to clarify the

essentials for what is necessary for a safe and satisfying journey. This includes determining what constitutes the fundamentals for competent practice.

Ethics has now been confirmed as one of the foundational competencies by the Canadian Psychological Association Mutual Recognition Agreement (MRA: CPA, 2001) and the Association of Psychology Postdoctoral and Internship Centres (APPIC: Elman, Illfelder-Kaye and Robiner (in press); Kaslow, 2004). This makes perfect sense from Abe's point of view. He agreed that ethics are foundational to competence. "*I think the experience of being an ethical psychologist is just doing a good job and being seen as competent in what you do*". He suggests that it is insufficient to have good clinical technique or psychological knowledge. This is also consistent with Betty's view:

> *To me I guess that's one of the fundamental anchor stones of behaving ethically. That's the first thing you do. You make sure you're well trained, you're well informed, and you stay current. To not do that isn't ethical. Not even a matter of how you behave with other people. So it starts with an attitude and it also starts with commitment.*

The Canadian Psychological Association (2001) supports the need for a psychologist to be competent in their area of practice and ethically competent. They include interpersonal relationships, assessment and evaluation, intervention and consultation, research, ethics and standards, and supervision as the core competencies for a licensed psychologist in Canada. By stating ethics as a separate competency from the typical clinical activities of intervention or assessment, professional

regulatory or guiding bodies such as CPA and AAPIC are indicating that psychologists must integrate ethics into their practice in order to be competent.

Psychologists are not omnipotent and both Betty and Abe express how important it is to integrate ethics with practice. Betty stated it most strongly when she said:

> *I am an absolutely ferocious advocate of people ensuring that they continue to do things for their competency. And so, if you're at a really good quality conference ... it's not like you have to go to find an ethics conference you just find a good conference and then try to make sure they have things on ethical issues, custody, all kinds of conferences do that.*

Participants in this study hold that being good at what they do as a psychologist requires that they maintain both ethical and subject matter competencies.

Both Abe and Betty link the integration of ethical and professional competencies to being accountable to the larger community. Abe stated:

> *The easy part of being ethical is kind of like the easy part of telling the truth, you don't have to worry all the time "am I going to get caught?", because there's nothing to get caught about." If you don't have clearly defined ethics...then you're always scrambling, figuring out what to do... "Everyone is ethical until proven guilty" ...you only have one chance, so if you do blow it, it's a small community, people know it right away.*

Abe expressed that he strives to live an authentic life; he lives by his word. He applies his own ethical decision-making process with personal integrity consistent with the AAPIC definition of competence in ethics (de las Fuentes, Willmuth &

Yarrow, 2005). For him being competent is part of his authenticity. Abe goes on to suggest that authenticity and psychological theory are integrated with ethical competence. For example, Abe stated his belief that:

> *You know the belief that people are basically good and that people are capable of helping themselves except in extreme crisis situations to be respectful of people. Ethics also provides a really good fit, that if you are a humanistic psychologist I don't think you can be anything but ethical ... I think that when we get into some of the controlling techniques or some of the basic philosophies of something like psycho-dynamics. I almost wonder how a person could be ethical having that theoretical orientation because you are not necessarily putting the needs of the person first you are taking control of their life.*

Readers of this quote who work from a psycho-dynamic perspective may find this statement inflammatory or offensive. However, this strong statement reflects how Abe understands the importance of being both ethically competent and competent in clinical technique. He is clear that his own sense of integrity would preclude him from working from a perspective inconsistent with his humanistic views. Irving Yalom (1980) supports Abe's view when he states that "when technique is made paramount, everything is lost because the very essence of the authentic relationship is that one does not manipulate but turns toward another with one's whole being" (p. 410). Abe suggests that a psychologist can't be ethical without both pieces existing in a reciprocal relationship. This statement challenges psychologists to resolve the difference between what they "should do" and what they "will do" in a way that allows the psychologist to be integrated and congruent in their beliefs and practice.

Ethical on-the-job-training

Abe, like all participants in this study, first studied the theory and techniques of psychological practice in graduate school and then learned about ethical practice while "on-the-job". All participants in this study completed graduate studies between the mid 1970's and the early 1980's. None had a formal ethics course integrated into their graduate programs. Carla's experience was somewhat representative of how participants gained their ethical grounding.

> *Well, just formal classes would have been nice. I think we had one class; one psychologist does one 1.5 hour class. That was the end of it. Now I think maybe things have changed since back in the early 80's but that's what I would have liked to see, was more, more workshops, more information and that. Since then there have been ethics workshops we attended then, but there actually should be more.*

Despite the lack of formal training all participants had sought out further instruction to reflect their valuing of ethical practice. For whatever reason participants in this study understood how ethics was foundational to their practice. Abe is clear that, *"...if you're not being an ethical psychologist you're not being a good psychologist... Ethics are there for a really good reason; and it doesn't tell you what to do either, it's the process you go through in figuring out what to do".*

Carla had a similarly strong view about how important and practical ethics are within her practice:

I don't think there's a whole lot that makes being ethical difficult, like there really shouldn't be, I mean it's, there are some fundamental rules, as you know as a psychologist when you're working with patients... this isn't rocket science. We should all be behaving properly when we're dealing with clients. So I think it's some of the more subtle things where the average practitioner would run into difficulties. There are some pretty clear cut guidelines for working with patients, like do no harm, no sexual relations, don't form dual relationships. So I think those are all pretty clear cut. It should not be hard for the average psychologist to follow those kinds of rules.

Times have changed since Abe and Carla became psychologists. Ethics is now integrated into almost all graduate programs (Welfel, 1992). It seems that once psychologists found a way to discuss ethics without focusing on the individual, it was more acceptable to include it as core training for psychologists (Welfel, 1992). The shift away from the philosophical foundations of ethics toward the practical application of ethical principles and the development of ethical decision-making systems may have allowed people to learn to be ethical in much the same way they learned other clinical techniques (Hadjistavropoulos, Malloy, Sharpe & Fuchs-Lacelle, 2003). Hadjistavropoulos et.al. (2003) suggested that the emphasis on graduate ethical training for psychologists makes the Code of Ethics a more practical and salient tool for ethical decision-making by psychologists than the code of ethics for another health professional (e.g., physicians). To test this hypothesis Hadjistavropoulos et.al. (2003) sent questionnaires (i.e., Ethics Position Questionnaire

and Decision Influence Scale) to 500 psychologists and 500 physicians. 208 psychologists and 123 physicians returned completed questionnaires. They found that psychologists, more so than physicians, relied on their Code of Ethics rather than on other factors such as family-of-origin values, peer attitudes, organizational climate, etc.

The participants in this study described the value of the Code of Ethics as a tool for making ethical decision-making. For example Faye described:

> *So people would phone me with ethical questions all the time and the one thing I like about myself is I don't think I need to know all the answers so I would ask people I respected and get back to them. But I learned more about ethics in that year and a half than I had in courses or whatever, because it was real dilemmas these people were facing and I probably knew the Code really well then because I had to go back and read it again and in interpretations. So I think that was the real gift to me.*

Contrary to Hadjistavropoulos et.al.'s (2003) findings, participants in this study embedded the Code within a broader context of personal values, peer environment and workplace environment. For example, Faye in the quote above included consultation with her peers even when she was the one being consulted as the "ethical expert". These issues will be discussed further in the chapters that follow. Perhaps this difference is a reflection of acquiring ethical competence entirely "on-the-job" rather than having an academic orientation as part of formal training. This suggests that ethical influences and training may have a strong influence on the ethical choice makers we become.

Images of Ethical Psychologists That Guide Us

Jean Shinonda Bolen (2001) suggests we become "choice makers" when we live a meaningful life. She suggests that we consider ourselves as main characters in a novel or motion picture that is being written by the choices we make and the roles we accept to play. Parental, academic and social influences may influence the script being written, but the drama develops based upon choices made. The television and motion picture industries as well as the print media illustrate some of those personal dramas for us. In so doing, the media provides us with examples of "archetypal psychologists". Pies (2001) suggests that psychologists are typically portrayed in movies as one of three iconic or mythological figures, i.e., the wounded healer, the vampire and the sage/elder. The portrayals tend to vary on the degree to which the psychologist is a whole person.

The vampire form (e.g., Hannibal Lecter) is evil and seeks to steal something of the patient for their own gain. This type of psychologist has no concern for clients other than as a vehicle for their personal gratification. This is a bad person who doesn't value professional ethics, did what was necessary to get the credentials to practice, and then does whatever they want to do.

A second form of psychologist is the wounded healer who is corrupted or injured themselves but still tries to help others. This type has empathy for clients because of the journey they have taken in their own life. The risk, however, is that the "wounded healer" is not sufficiently aware of his or her wound, and may "act out" by mistreating or exploiting patients. This form of psychologist described pretty much all

of the eight psychologists who triggered my need to come to this research. They were well-intentioned people who didn't recognize or value professional/personal boundaries. This form of psychologist has sex with clients and then argues that it is mutual and not harmful. Alternatively this form of psychologist may be like Frasier Crane from the television show "Frasier" who bumbles his way through life while easily articulating psychological theory (Angel, Casey & Lee, 2006). Frasier is able to give good sounding advice to others but is unable to benefit from his own knowledge to keep himself out of trouble. This form of psychologist lives with powerful cognitive distortions that allow them to continue without emotional or professional discomfort.

The third common portrayal is that of the "mystic sage", a guide who is wise beyond the norm. This "Merlin" shares secret knowledge or insights. The psychologist portrayed in the movie The Sixth Sense is a mystic sage type (Shayamalan, 1999). He is also someone much more in keeping with the way psychologists might like to be perceived. In this movie we get to meet Dr. Crowe. We first encounter him during a playful encounter with his wife, Anna, a woman he obviously loves, and who loves him back. They are celebrating the fact that he is good at this job as demonstrated by a citation from the City of Philadelphia recognizing his "outstanding achievement in the field of child psychology". Anna is obviously proud of his accomplishments and interprets the meaning of the citation:

> They're also saying that my husband has a gift. Not an ordinary gift that allows him to hit a ball over a fence. Or a gift that lets him produce beautiful images on

a canvas... Your gift teaches children how to be strong in situations where most adults would piss on themselves (Shayamalan, 1999).

Anna Crowe is far more complimentary than Hannibal Lecter about the capacities of a psychologist. While her perspective may be biased by her love for her husband, she talks of how much they valued his work, so much so that she was grateful that "Finally someone is recognizing the sacrifices you made. That you have put everything second, including me, for those families they're talking about" (Shayamalan, 1999). From Anna's perspective it took a great deal of work and sacrifice to become a "good psychologist".

Where this image starts to become problematic is that Dr. Crowe is reflecting on his life and his successes and failures as a therapist from a ghostly perspective. He has all the insights that one might expect from someone who has the luxury of hindsight. He takes on the task of being the guide to the sad boy who states "I see dead people." He mediates between the living and the dead, between earth and heaven (Pies 2001). This type of portrayal is that of the archetypal ethical psychologist. He holds both knowledge of ethics and is portrayed as all knowing and beyond the vulnerability or temptation to do unethical acts. It is difficult to measure up to this type of psychologist because death typically means that the psychologist is no longer licensed to practice in their jurisdiction.

I think I have met all three of these types of psychologists in my twenty some years of practice (well perhaps not the dead one) and therefore these depictions seem to have some face validity. However, they don't tend to describe the psychologists in my study. Some of them seemed much more in keeping with a therapist like Dr.

Jennifer Melfie, a recurring character on the HBO television series "The Sopranos" (Chase, Green, Robin, Mitchell, Grey, Landress, & Winter, 2001). Due to the popularity of the show, she may be one of the more prominent images of a psychotherapist in recent times. Dr. Melfie is presented in the first season as a traditionally trained psychoanalyst (sorry Abe) who appears to have all the traits of a competent and ethical therapist. Dr. Melfie appears very professional in her deportment and her office environment. She focuses clearly on the issues brought to her by her client. She engages in minimal personal disclosures and takes responsibility for her reactions to statements made by her client. She repeatedly clarifies her clinical role and personal boundaries with her client and with her peers. She demonstrates respect for her client's confidentiality and she maintains her practice standards by seeking regular clinical supervision.

At the same time, it was clear that the participants in this study did not always take themselves as seriously as Dr. Melfie. Combining the tone of another TV psychologist, Dr. Tracy Clark, a character played by Tracey Ullman on the show Ally McBeal (Kelly, 1998), with Dr. Melfie's professionalism seems to round out another form of psychologist. Dr. Clark presents with a professional orientation but allows more of her personality to show through, in this case through the use of irreverent humour. For example, in one episode, the following doctor/client exchange occurred:

Dr. Clark: Take a breath and...

Ally: Oh no, no, no I didn't rush all the way over here to breathe!

Dr. Clark: Ally, do you realize that the average person uses about one tenth of their brain power, with you it could be less...

Ally: What does brain power have to do with...?

Dr. Clark: Mental telepathy, power of suggestion, which can penetrate...

Ally: It isn't telepathy! He dreamed the same dream!

Dr. Clark: I charge by the hour regardless. The opinions don't come cheaper when they're yours! (Kelly, 1998).

The characters of Dr. Melfi and Dr. Clark suggest that there is room for a psychologist to be competent and caring for clients, for such a psychologist to exist in the human realm. This portray allows for a broader range of the psychologist's attributes to emerge. For example, both Dr. Melfie and Dr. Clark display good professional boundaries, clinical skill, psychological knowledge and caring for their clients. They approach the "mystic sage" typology but are not spiritual in nature, nor do they demonstrate personal woundedness. This type of therapist is confident, creative and at times able to be unorthodox in efforts to meet a client's needs. These are examples of the therapists who are more similar to our exemplars; they are not ideal or iconic therapists. They are human and vulnerable but committed to ethical practice. There is room for variation within this style of being ethical to reflect the context of a specific psychologist's practice.

Another Image of Ethical Psychologists: The Crone

Perhaps it is because all but one of the participants in this study were female, but the image they evoke for me is that of the Jungian concept of the Crone. The Crone is a woman in the third stage of life (following the developmental "maid" and the nurturing mother phases; Shinonda Bolen, 2001). The Crone is someone who has

come into her own power as she comes to integrate her knowledge and skills into wisdom. While this is a gendered image it speaks to the reality that it takes time for psychologists to gain sufficient knowledge and experience, to integrate that knowledge and settle into their clinical power. Jean Shinonda Bolen describes a "green and juicy crone" as someone who has lived long enough to "be deeply rooted in wholehearted involvements, living a personally meaningful life however… it may appear to others" (p. xiv). Abe describes his approach to practice in a way that is consistent with this sense of clinical power. He is willing to challenge orthodox belief systems and critically evaluate the power he has with clients.

The wisdom that evolves from the combination of knowledge and experience was expressed by Betty:

> *"If you don't have competence, and you don't have the commitment to maintaining a high level of competence, I think you can strive to be ethical all you want and the odds are you're going to end up not being. I don't really think you can be incompetent and ethical. I think that sooner or later those two roads collide. Because you can be in an ethics problem, being very competent and you've got a dilemma. But you can have competency issues that you're just not well enough informed about your business, to know what you're doing, and in doing so you behave unethically".*

For Betty, as for others in this study, it is important to go beyond skill acquisition and academic learning to be a "good" psychologist. Ethical competence

incorporates clinical skills and academic knowledge. She went further to describe some of the subtlety about defining what she meant by ethically competent.

> *"...I think there are different types of ethical dilemmas... there're ones that could be foreseen and you could deal with them where they occur, and then there's ones that could be foreseen as a possibility, you're monitoring, you're anticipating, you're already considering who you might confer with or what you might do, or if it's a file that's a court one, might you need to ask the Judge to be excused from or whatever. But, but you're going to have to monitor and if it continues to emerge you're going to need to manage your way through it. And then there's the car accident type. You don't know you have an ethical problem 'til you have one".*

For Betty there is also a need to have more than general ethical awareness or knowledge. You need to maintain awareness at more than one level, scanning for both overt and subtle threats to ethical practice. This is mindfulness which evolved as another major theme in this study and will be discussed more in a later chapter.

Doris affirms that ethics are also foundational for her practice but sees that they link into her personal experiences with life, not just her professional world. Doris seemed to embody Shinoda Bolan's (2001) archetype of the Crone.

> *"The influences for my ethical development are not in my practice, they're in my life. There are experiences in my life and there are experiences with people I've been in relationships with and in many ways the things, the interaction in that relationship has taught me something of how not to be and the lessons learned from there".*

For Doris ethics are developed within relationships as well as from life in general. She alludes to the value of her being in community with other psychologists, in this case to learn "how not to be". More will be discussed about the ethical community in a later chapter.

Faye expresses her views on competency more pragmatically than others. Yet she also offers simple wisdom while discussing how being client centred is her primary focus.

> *"I need to look at the world in a more simplistic way than I know some of my colleagues do, or at least from what they say to me. To be an ethical psychologist to me is really very simple. You take the Code of Ethics and you look at what you're doing. You have a very clear picture in your mind of what is the right thing for the client. If you put the focus on the client and what they need and then you do that within the context of our ethics. And then I think if you look at complex situations and say, at the end of the day will I be able to say with the information I had and believing I had at least done my homework".*

Ethical competence for Betty carries a sense of demonstrating proactive behaviour. Betty's comments suggest that sometimes psychologists start out on an orienteering run through a park, thinking that if they stick to their originally planned route they will be fine. However, while on their journey, they take what seems to be a great short cut and then trouble begins.

> *"...What I see so often is that people "make deals" and they "cut corners" and at first it's just a little deal and it's a small corner, but then*

> *it's a bigger deal and a slightly sharper corner and the next thing, they fall over the edge of a cliff somewhere and it's a couple of bounces on a long way down, and then they sit there and think "how did I get here?".*

The need to aspire to a higher clinical standard is important to her. She supports the notion that having a detailed map, a plan to get through the clinical terrain, and solid check-points are a great way to practice. She was clear that without paying attention, you can end up in some pretty scary situations. What might have been a safe situation one day can change with the addition of one variable, much like the safety of an outdoor trail can change with a shift of weather or the emergence of a bear. The participants of this study seemed to appreciate that practicing ethically depended upon being aware of the practice terrain and the types of hazards that could emerge or develop. More than one participant commented on the reality that psychological ethics have evolved over time and continue to do so. Erika expressed this when she said:

> *"I've been working for the College since '93, that's 10 years that I've been aware of our code of conduct and code of ethics.... And there are always changes and they're always updating and there are always you know, new things coming out and just really to be aware of some of that stuff".*

Ethical Orienteering on the Long and Winding Road

The psychologists in this study were following maps that have well defined landmarks, pointing out safe and perilous aspects of the terrain. Over the course of their experiences they have learned how to read the map, use their

compasses and plot appropriate courses. They are clear that the most direct route is not always the best. They are also clear that they needed to integrate their knowledge of their craft with their knowledge of themselves to ensure that they had what it took for the route they planned. The ethical stance they took was as important as the academic and practical skills they held. Their competency was expressed through their transparency- who they were internally was matched externally. Their insides and outsides matched.

The Traveller

A description of a journey is not complete without describing those undertaking the trip. When asked to describe their personal experiences of being ethical, the participants in this study embedded their answers within the story of their own lives. They described how they came to their ethics, the importance of ethics to them, how their ethical knowledge and skill developed. They described who they were, not just how they "did" ethics. They defined competency, mindfulness and an ethical environment as important themes to their ethical experiences. They also named character-based virtues such as honesty, integrity, humility and caring in describing their experiences of being ethical. Thus virtue became an important aspect of this exploration of the experiences of ethical exemplars.

An Exemplar of Ethics

The first exemplar of ethical behaviour that I encountered had been on his journey a long time. Father Bysztyo, my first university ethics teacher is a Hungarian priest who was ordained in 1947. Father would wander into the classroom, look around, slam his cane onto the desk and announce, 'good evening, d'at was d'bell, let us begin'. He was intelligent, somewhat stern, yet kind, and, given that he was also an official Exorcist, he exuded confidence in his ability to sort out right from wrong. There was nothing 'holier than thou' about him. He was a down-to earth man who had lived a complex life that had placed him in many difficult ethical situations. Father was also a gifted story-teller with a way of weaving a dilemma that kept us on

the edges of our seats waiting for him to get to the end of the story and tell us the 'right answer', i.e., the choice he made.

During one class he told us the story of how, during World War II, he served in the army. He had been training with his unit one day near a train station. An Allied plane bombed a train waiting at the station. As the train and its cargo of munitions exploded, all the group of soldiers could do was "hit the dust" to avoid being hit. Father described that the hardest part of the experience was staying down. He described that a spot "just over there" looked lower and therefore, safer. It was hard to stay put and not run to that spot. One of his peers did not resist the temptation and as he got up to run, shrapnel cut him across his abdomen and his intestines spilled to the ground mixing with the dirt. The man, clearly dying and in extreme pain, begged his friend to shoot him and spare him the agony of a slow death. Father had a gun.

At this point in the story he turned to us and said "now, what do you do?" The class discussion was animated. We battled through our options. We discussed the principles we had been taught. Which applied, which didn't? We found our discussion focused heavily on who Father was as a person and the impact of his decision. Was he a more cavalier youth at the time? Did his experiences in war shift him toward the Church or was he always devout? While lying face down on the field, gun in hand, Father was alone, no one was there to consult with him about what he should do next. He had to make a choice based on who he was and what he knew about right and wrong.

After the discussion we all turned to Father Bysztyo, expecting to hear "the answer" and what he did. Father never did tell us. He confirmed for us that all we

could do when faced with ethical dilemmas is to think about our values and the ethical principles we hold and make our best choices. He challenged us to be good (i.e., virtuous) people, to be the best people we could be and to use what we learned to do the good work we were training to do.

None of the participants in this study bore much resemblance to Father Bysztyo. They were all younger than he was, all were secular and, as far as I knew, none had cast out any demons recently! Yet every time I went to start writing about virtues, this story came to mind. Father's message seems relevant. The common ground shared with Father was that who they were was as important as how they were ethical.

Virtue And Psychological Ethics

Discussions of virtue ethics often begin with Aristotle's Nichomachean Ethics (NE). Aristotle explained that the goal of the virtuous person is to live a life of action in accordance with reason (i.e., and in doing so would achieve the ultimate end for human kind, which in his view, was fulfillment and happiness; Aristotle, NE, 1098a15-18).

For psychologists, this life of action is the practice of psychology. The reason or principles that Aristotle refers to are those entrenched in the Canadian Code of Ethics for Psychologists. The Canadian Code of Ethics (2000) offers four principles that reflect the virtues of respect, caring, integrity and responsible action. These principles were designed as a guide to everyday conduct and thinking; as a tool to support the resolution of ethical dilemmas; as a means to unify psychologists in the

direction of their actions; and, as a tool to support psychologists in adjudicating complaints about their behaviour. For the psychologists making nominations in this study there was a sense that those they nominated uniquely embodied "being ethical" according to these principles. These nominators may have been nominating psychologists who were living a more virtuous practice than other psychologists.

The ultimate ethical end for psychologists is implicit within the Canadian Code of Ethics for Psychologists. However, it is not clear whether the principles are designed for the client's or psychologist's ends or both. Is the Code written for psychologists to support their clients in their quest for fulfillment and happiness or for their own end? It falls to each psychologist to discover where this ultimate end lies but the code specifically calls for virtuous action on the part of the psychologist. Taking the client's world-view into account as part of ethical practice was important for participants in this study. For example Faye described:

> *To be an ethical psychologist to me is really very simple. You take the Code of Ethics and you look at what you're doing and you have a very clear picture in your mind of what is the right thing for the client. You have a clear picture that you're focusing on what the client needs.*

Erika had a similar dual focus when she expressed her valuing of the boundaries of her role with her clients:

> *That's important for me in me taking care of myself and of course important for the client as well. We maintain a professional therapeutic kind of relationship. We're not here as friends. And it just stays in this office it does not go beyond. That's really clear. So that's, to me that's easy. I don't tend to*

get caught in that kind of stuff. I will think about it, you might think oh wouldn't it be nice if I could... and just making sure you don't go there.

It appears that participants in this study embraced this call to virtuous behaviour as one aspect of a more holistic orientation toward their life ends. They expressed how important it is to know oneself so that the opportunity to be helpful to others is maintained.

The Personal Is Professional

As mentioned previously, participants in this study did not separate their personal from their professional selves in our discussions of their experience of being ethical. However, contemplation of the boundary between the two dimensions of the self was something that seemed very important. For example Faye described how she needs to be non-judgemental and respecting of her client's experience when it can be very different than her own:

We have to be very careful to keep our values and the things that would fit in our personal situation and really understand it may not fit that other person. There is the big picture where it's an ethical picture that fits everyone but I do think people live in different situations. For example, I worked with teenagers who had stolen food. Well in my world stealing is bad. It's not an ethical thing to do and it's something that if I did it in my practice it would be totally wrong. But I understand that when you're starving and you see some food and you take it, that's a different thing.

The issue raised by participants seemed to go beyond simple awareness of personal and professional boundaries. There seemed to be a dynamic process involved where doing good work supported the participant in being a better therapist and in doing so made the therapist a better person. As Doris states:

> *It's not something I've thought about consciously as to how I ethically practice my profession. I think more... about what kind of a person I want to become. That I have thought about lots. ... For me that kind of flows into how I do my work, so the two are not that separate. But it has been very important for me to look at the kind of person I want to be and try and move towards that and not always successfully, but you know I do have a vision of what it means, what I want to look like before I die.*

With this orientation it is difficult to isolate Doris the person from Doris the psychologist. She brings all of herself to meet with clients in a genuine way but one that respects her clinical role. She sees herself and her client on a similar road and they walk together. Doris has developed an integrated approach to her ethics. She has established the habit of self-reflection and mindfulness referred to in another section of this paper. She has in her mind a vision of the ethical person, of how she would like to be. This internalized self establishes the direction of her practice. However, there is humility in Doris' approach as she is also aware that she needs to connect with others to ensure that she is being true to her vision.

> *I am certainly not a person who lives alone in that kind of, you know in terms of how she thinks. I think out, I think in my head and then I think out loud and I think out my beliefs, and get feedback. So I think that, all of that over time and*

just I think, just living life, I'm 56 and I think I've lived through a whole bunch of things and it's made me realize to some extent that there are no simple answers and that we all need to live with some sense of kindness.

The Ethical Value of Life Stories

Doris connects her sense of ethics with her life narrative. Walker (1993) described how important it is to consider the ethical narratives people provide. The stories people share demonstrate how they organize morally relevant information and how they weave their personal, professional and cultural values and commitments into the expression of their ethics. It also provides stories of their mutual accountabilities. Walker (1993) asserts that stories of ethical deliberation and decisions have to be acknowledged by some moral community and therefore are also expressions of accountability. The ethical stories of participants in this study were clearly grounded in the community of psychologists as well as the larger personal/geographic community in which the participants lived. Each participant told their story of being ethical in a linear format, moving forward in time, the typical Western European tradition. Each participant told a story of acquiring their ethical traits. Some included how their ethical natures evolved from childhood, some through observing virtuous role models and others told tales of learning through experience.

Developing the Habit Of Being Ethical

Aristotle defined virtue as a trait of character that becomes manifest through ethical actions becoming habitual (Aristotle, NE, 1103a 32-1103b2). He suggests, for

example, that the honest person is truthful as a matter of principle and has the habit of telling the truth. The habit is formed through action. Courage is developed through courageous acts. People develop honesty by telling the truth. Therefore, Aristotle held that people are not born ethical but must start the process somewhere. On the other hand he taught that people can't be unethical all their lives and that, just by learning about ethics become ethical. Aristotle's views were reflected by participants in this study. For example Betty *"...came from a family where things that you did were very clean. You did what you said you would do. You laid it out clearly, your word was your bond, as old fashioned as that is..."* Abe reflected that his professional ethics were linked to his family of origin and the principles he absorbed from them as a child.

> *...looking back it probably started with my parent's approach to their work ethic. If you're going to do things, you're going to do them well, you're going to take pride in it and you need to feel good [about] yourself and not just wait for other people to jump up and down and applaud.*

Both Abe and Betty reflected that their ethical stories began as children and that these early teachings were foundational structures to their personal ethical development. The values held by their families of origin were important influences on the ethical habits they were to develop. Inherent in these descriptions of early learning are messages about integrity, honesty, and personal commitment to excellence. Another inherent aspect of these messages is that of accountability to self and others. Also these statements reflect that there is intrinsic value in doing the right thing for its own sake.

Aristotle (N.E. 1179b 24-26) would have agreed that it is important to raise a child to have virtuous habits suggesting that to do so is like ensuring that by preparing the soil now, future crops will have fertile conditions. Aristotle held that preparing a child to be ready to act in a virtuous manner is to instil in them what might, in Freudian terms, be the child's superego (Freud, 1985). "The character, then, must somehow be there already with a kinship to excellence, loving what is noble and hating what is base" (Aristotle, NE 1179b 29-31). He held that while it isn't impossible to teach an older person to be virtuous, it is much more difficult and potentially more painful for the person in that it increases the need to refer to laws and the subsequent punishments for breach of those laws.

The Nature/Nurture Debate For Developing Ethical Psychologists

A debate exists within the professional psychological literature about whether an ethical psychologist develops from a virtuous person or whether an ethical professional psychologist can be developed without consideration of their character (Truscott & Crook, 2004). Truscott & Crook (2004) suggest that "when we have internalized ethical principles and values... we act ethically because it feels right". Participants in this study suggest that they have developed virtuous habits and that there is value in considering virtue ethics for professional ethical development.

Elman, Illfelder-Kaye & Robiner (in press) considered that individual factors including an "individual's innate capabilities, curiosity and motivation" (p.11) were important in the development of the professional psychologist. The process described is consistent with O'Connor's (2001) findings that the practitioner's developmental

background and professional roles contribute to the experience of professional distress and impairment. If the psychologist's personal characteristics are a risk factor related to experiencing distress and impairment it stands to reason that they may also be protective factors in being ethical.

The Important Thing Is The Relationship Between Therapist And Client

Betan (1997) is consistent with Doris's early statement about who she is being integrated with the type of practice she engages. Betan asserts that virtues play a significant role in ethical practice because they define the person coming to an ethical interaction. Virtues describe the characteristics that the psychologist brings to the clinical relationship and defines the basis of ethical interactions (Betan, 1997). This view affirms that even when clinical work is progressing well and the client-therapist relationship is strong, the ethical orientation of the therapist is important. Even beyond this, Kozart (2002) holds that the characteristic traits of the psychologist influence clinical progress. People don't just change because of the clinician's technique.

The ethical characteristics of the therapist contribute significantly to the possibility of change to occur. For example when Carla speaks about her need to be seen as fair by her clients, she is sending a message of how she values them, the nature of her relationship with them and the direction she will take in therapy.

> *You know the word that comes to mind is fairness... when I'm dealing with difficult situations I try to see it from different perspectives, each party's perspective... I'm trying to be as fair as I can and sometimes that means telling*

your own client...honestly that they're not working hard enough in therapy...especially when there's a third party payer paying the fee... It's hard to get in to a whole lot of trouble out here if indeed you have a rationale for what you're doing and you're coming from a position of fairness.

Carla educates her clients about change and her expectations. A client who encounters Carla encounters her personal commitment to fairness and can be assured that she will work with them with this in mind. Similarly for Erika:

I hope I'm an ethical person even when I'm not being a psychologist who's wearing that hat. You know how you treat people, your family, your friends, your colleagues. You know, I believe the way you treat people, treating others the way you would want them to treat you.

These psychologists focus on who they are as people, while with clients and peers and how this impacts their practice. They do what they consider the right thing for the right reason. Carla confirms this when she states that:

My peers have seen me in public practice and they've seen me in private practice and I think, I hope they believe that I brought my public practice values into private practice... I don't think they see me as somebody who is simply here to generate an income.

Similarly, Betty described how her ethics have become habitual, integrated into who and how she is in the world.

Ethical behaviour, ethical conduct is really a style of life and a philosophy, so it's not something you just put on when you're in trouble, or put on when you have a problem. It's a way of being... And that still doesn't mean it's perfect, or

you're perfect, and it doesn't mean you can't get in a bind or, or you know, can use some reasoning that in hindsight you must have thought you were having a "brain dead" day.

The importance of virtues is clear from the descriptions provided by participants in this study. In fact, there were three virtues that each participant identified when describing their virtuous characteristics i.e., honesty, integrity and humility. These are virtues consistent with the virtue ethics literature and might be considered what Medieval scholars described as cardinal virtues. The term cardinal derives from the Latin word *cardo* meaning "hinge." The cardinal virtues were so named because they were seen as pivotal to living a good life (Audi, 1995). Honesty, integrity and humility seem to be pivotal in the experience of the exemplars of ethical practice in this study.

Honesty

The Oxford English Dictionary (OED) defines honesty as being fair and just in character or behaviour, not cheating or stealing, free from deceit and untruthfulness and showing fairness. Honesty was named by all participants as an important virtue. Abe described how honesty was integral for his practice:

The easy part of being ethical is kind of like the easy part of telling the truth, is you don't have to worry all the time "am I going to get caught?", because there's nothing to get caught about. The whole... You know the whole thing, the confidentiality for example only exists for the client, and it doesn't exist for the therapist. So if you screw up, people are going to know about it, hopefully. And

hopefully, something will be done. So, it's easy, because it's, ah ... if you laid everything out up front, let the client know how you work, what to expect, then there's no surprises, you don't have to do any backtracking. If you don't have clearly defined ethics, a clear way of informed consent in all the other aspects, then you're always scrambling, figuring out what to do and you don't have a knowledge of what to do cause ethics are just the over-riding ideals, they're not practical; you've got guidelines that are more practical.

Abe is confident in his work and welcomes the reality that if you do not do 'good work' your reputation diminishes. This is an engaging style of honesty that departs from the "cover your backside" approach to ethics that is somewhat prevalent in the literature (Plante, 1999).

Abe went further to discuss his habit of being honest from a practical perspective.

I think by just being really honest and up front with people, which involves being ethical, that later on in some way it comes back to you...

Abe is motivated to do "the good" because he values it and also because he recognizes that doing so has reciprocal value. He has developed a state of character where he internally values honesty as "his good" and he sees that it is also beneficial to his practice and person.

Doris' understanding of honesty demonstrates an integrated virtue that speaks to her relationships with clients and her self-awareness.

I really think it is a singularly.:. wonderful kind of a gift to be able to do what I do because it's really helped me to reflect on my own life, as well, as when I'm

doing this work. To see where I am being honest and where I am not being honest in my own life as I encourage people to explore their feelings. And so, in a way, my practice keeps me honest as I keep my practice honest. It's a sort of a dynamic that exists between me and my practice. It's kind of a weird kind of a relationship in my head with my practice.

Integrity

Integrity is another important virtue for participants. The on-line Encarta Dictionary defines integrity as the "quality of possessing and steadfastly adhering to high moral principles or professional standards". The OED defines integrity as moral uprightness, wholeness and soundness. Faye provides insight into her sense of integrity when she states:

You have to do what you know is needed and what is right, even though down the road someone may say you shouldn't have done it. That's been a valuable lesson. You know you can only do the best you can in that situation as long as you've got advice and done your homework.

Erika holds a similar integrity which involves her having a keen awareness of her clinical motives and the steadfast focus of her professional actions.

That's important for me in me taking care of myself and of course important for the client as well. We maintain a professional therapeutic kind of relationship. We're not here as friends. And it just stays in this office it does not go beyond. That's really clear. So to me that's easy. I don't tend to get caught in that kind of

stuff. I will think about it, you might think oh wouldn't it be nice if I could... and just making sure you don't go there.

Part of being an ethical psychologist is to understand your values so that they do not "leak" out and interfere with your work. Psychologists are taught to be objective and set apart from clients to detect and deal with transference and counter-transference (Freud, 1985). At the same time there is an expectation to be with clients "in the moment". Narrative interventions speak to this tension by supporting a move to externalize the problem so that both the therapist and the client can address it together (Freedman & Combs, 1996).

This sense of boundary is not limited to the psychoanalytic tradition of distancing from a client's world, but connects with the Foucault's understanding of power (Frank & Jones, 2003). Frank & Jones suggest that Foucault challenges us to consider who we are as a social construction and that in being ethical we must consider the relationships of power we hold and those held by peers or clients. Foucault distinguishes between domination and expressions of power in relationships. There is inherent power inequity in the therapist-client relationship and the expression of that power is an important consideration in determining ethical action.

Humility

Humility (from the Latin word *humilus: lowly)* is defined in the OED as having or showing a low estimate of one's own importance. Meekness is also a component of humility suggesting a gentleness of nature. Humility was identified as an important characteristic of the ethical psychologist. Participants expressed humility in needing

to accept responsibility for errors and make things right with clients. Being human and therefore fallible is understood by the participants in this study. For example, Carla described handling a situation that involved a dispute with a third party payer regarding who owned the client file. After recognizing her error she stated that *"I phoned the client and said this is how it is and I apologize to you but they're actually claiming ownership of this document, it's my mistake, I thought you could have full and complete access"*.

This incident was powerful for Carla in that it represented the final step of an important learning process and she realised that the lesson wasn't complete until her client was consulted and informed.

Saul (2001) evokes Solon's words in identifying the role of humility to the ethical professional.

> Public evil enters the house of each man, the gates of his courtyard cannot keep it out, it leaps over the high wall; let him flee to a corner of his bedchamber, it will certainly find him out (Solon from Saul,2001, p. 65)

Saul suggests that without humility there is a lack of self-scrutiny or vigilance that leaves one vulnerable to the "public evil". Abe expressed his similar understanding when he described that humility is important because trouble happens when we get too full of ourselves. When we believe that we know everything about being right it leads to arrogance, complacency, short cuts and trouble. Betty also thought along these lines when she stated *"That you can't afford to get too smug, or comfortable, or complacent, 'cause the minute you do you're probably at risk for tripping in trouble"*.

Humility was important to Doris as well. It was clear to me that Doris had processed her value as a psychologist at a very personal level. She was aware that she shared traits with her clients, that they were more like her than different.

> *Somewhere in the process of living my life came the realization that it really is a process and for people to understand there are deviations, and for me to understand there are deviations in my life that get me off course. But really, if I sort of believe that it is a process I can get myself back on and so can they. And, if I bring that kind of orientation to my life, or try and understand the struggle of that, then I can bring that orientation to the people I work with and understand their struggle and scares and fears when they are working.*

In this statement Doris evokes the spirit of Levinas who challenges our perception of "other". Nortvedt (2003) described Levinas' idea that an encounter with vulnerability calls for reflection and that the true source of ethics comes from recognition and respect rather than knowing and understanding. Doris seems to recognize herself in the face of her clients and in doing so they become part of her world in a subjective way.

Faye has a similar experience with humility. Her approach is to understand the vulnerability of other therapists not necessarily through having similar experiences but in having the ability to put her in their shoes, to understand their experience in terms of her own.

> *How do you care enough to let them know they're important and valuable and that you do care what happens to them, but not care so much that you can't keep doing it because you're a wreck or where it gets to be inappropriate?*

And I know that's one of the ethical violations that are so terrible for all of us because it makes all of us feel bad.

Being ethical requires a sense of personal identity for Doris. She describes a lifetime of learning about herself as a person and a professional. She has a quiet dignity that she brings to her disclosures. Doris holds a view that life is constantly moving forward and full of life lessons, not all of them pleasant.

And it doesn't mean being wrinkle free. You know, really what I want to be, the kind of person I want to be and, so for me this is all just part of the same process of moving towards being that kind of a person. And for me, the essence of that really is the process and the essence of that really is to have, in its most profound way, a sense of kindness within oneself.

Faye holds the need for ongoing learning and self-awareness as necessary for her ongoing ability to be ethical. She holds that her sense of hope and purpose needs to be refreshed to maintain her ethical practice.

I think the opportunity to talk with people just starting in practice is really helpful because they have that wonderful idealistic attitude that I hope I never totally lose. And I still believe that most people are ethical at heart and make mistakes and I don't ever want to lose that because I know some, from my experience, some professionals have lost that and then I think that slides into and makes their practice unethical. Because they assume sort of the worst instead of the best in others.

The Link between the Personal and the Professional

Abe's bottom line is that being virtuous may mean limiting what you do because of what you believe. His habit of being ethical influences the type of work he chooses and may lead to his turning work down if it is inconsistent with his ethics.

> *I think the difficult part is when you're in private practice and you're being ethical, you turn business away. It would be easier to just sort of scramble and stretch beyond your areas of competence because you want to get money. And there are people out there, unfortunately, that act that way and they just want to make a buck, and they want to fill their schedules you know, even if they're not really confident, but again, it's not doing a good job.*

Virtue ethics is important to the practice of psychology as it provides the link between the practice of psychology and the practitioner. It is clear in the research literature that the relationship between therapist and client is more important than the intervention chosen. Therefore, who the therapist is must be important as well. Each psychologist may cultivate a different expression or habit of being virtuous. Being virtuous is an expectation of being a psychologist as the principles of the Canadian Code of Ethics for Psychologists demand it. The ethical exemplars in this study may not be more ethical than other psychologists; they may have developed ethical habits that are more visible to others.

You have brains in your head.

You have feet in your shoes

You can steer yourself

Any direction you choose.

You're on your own. And you know what you know.

And YOU are the guy who'll decide where to go.

Dr. Seuss (1990)

Oh, the Places You'll Go! – The Ethical Environment

Setting Out On the Road

My first significant journey away from home after high school was a student exchange to Sweden. I lived there for a year and learned many things including a new language, new customs and how to drink coffee. This was good preparation for the world of academia, particularly the coffee drinking part. It was also my first experience of being socially isolated. The first few months, until I learned to speak Swedish, were difficult. I felt very alone and vulnerable. I had a host family, a school and a purpose, but initially I didn't have a peer group and I didn't know the cultural rules. I had people around me but I felt much like an island, something a bit unusual for a prairie girl but perhaps not that unusual for a Swede. There are over 24,000 islands in the Stockholm Archipelago (Wikipedia, 2005). The image of being an island in that archipelago comes to mind today in response to one of the significant theme arising from this study: that of the ethical environment in which psychologists practice.

Psychologists are somewhat like the islands in an archipelago. Each island is unique. Some are closer to the mainstream than others. Those closer to the mainland are more connected and protected than those nearer the open sea. Those further out are more likely to encounter the brunt of bad weather and be further from supports when trouble happens. Each island is independent but way down deep, beneath the surface, they are all connected to each other and to the mainland.

Location, Location, Location

The highly ethical psychologists in this study exist, not necessarily closest to shore, but definitely not out at sea. They exist in close proximity to others. They stay close enough to communicate easily with the mainland and with other islands. They receive and provide support and shelter for one another; yet, they remain separate enough to have independence. Betty describes this in her description of her environment:

> *And it also means you confer. I mean people call me a lot but I confer a lot; I mean we confer a lot within our firm. It is a vital, vital part because it's the old forest and the trees situation. If you come to me and I'm at arms length, I can see it quite clearly and give you some feedback. And you may have the same thoughts but you just need to check, or you may experience emotion and upset that goes with whatever's come, and it just isn't possible to think too clearly. ...I'm the same way. I may be upset or I may be disappointed in somebody, let down, or just caught off guard... even if you think you know what to..., you just need that next level to bounce it off of.*

Betty reveals that relationships with trusted peers allow her insight into her practice that supports her in doing high quality work. She values communication and interaction with other psychologists in order to support her freedom to practice independently. Betty established a proactive and reciprocal system of relationships that supports her in her daily efforts. She established herself within a collective of likeminded peers who monitor not only their own practices but, in an informal manner, hers as well and vice versa. Faye describes a similar process:

> *"One of the other things that influences my ethics a lot is working in private practice with people I respect. And one of our ethics or decisions is that we always check with each other if there's uncertainty. I know from experience with the Psychologist's Association as well that, a lot of times it's not as clear as one would think when you read the Code of Ethics. And you really have to make judgment calls, or you need to be reminded, so those kinds of things are really important so that, my colleagues would be real influences in that as well. And that's changed and improved a lot.*

Both Faye and Betty consult with peers as a part of their daily routine without the identification of an emerging dilemma. The relationships they describe are ones of trust, caring and compassion. Their relationships allow them to express themselves as emotional and caring beings in a way that also supports appropriate boundaries and client safety. Their relationships provide a supportive context for the expressions of the virtues discussed earlier in this paper.

Trouble Detection

An important aspect of the described relationships is that they are built before "trouble" tests them. The system is already engaged and integrated into daily practice and therefore, it is more likely to be accessed. This practice is very much like the preventative measures being taken in Venice (another European archipelago). Venetians have had sufficient experience with high tides to know that they need to build in protective systems, before they are actually needed, to ensure the longevity of their city. They are building a responsive system to ensure that the old port does not get swamped by incoming waves.

Betty described that there are, in her experience, two types of ethical waves that can confront a psychologist:

> *There are ones... that could be foreseen as a possibility, you're monitoring, you're anticipating, you're already considering who you might confer with or what you might do... And then there's the car accident type. You don't know you have an ethical problem 'til you have one.*

There are those ethical problems that you can avoid through good planning and those that crop up and you manage through informed reacting. Like the Venetians, Betty believes that the system of having an existing support network is good strategy for managing the emerging forms of dilemmas. This is the ethical version of "a stitch in time saves nine". Being prepared for ethical difficulties ensures for Betty and others that those potential ethical situations are identified, managed and problems are avoided, perhaps even before a dilemma emerges. It would seem that the typical

method of calling for support when an ethical dilemma (of the crisis oriented car accident kind) arises may be effective as a follow-up measure. The CPA and other professional codes of ethics are often used to stitch an opening tear in a seam (i.e., resolving dilemmas after they have been identified) rather than preventing the tear from forming.

Early Warning Systems

It is difficult to build a support system in the midst of a crisis, when it is most needed (Greenburg, Lewis & Johnson, 1985). Greenburg et. al. suggest that stress, burnout and fatigue are common experiences among isolated psychologists and those psychologists in private practice are more likely to be isolated. This suggests that these psychologists may be practicing further out to sea. The fact that all participants in this study were private practitioners may account for the emphasis they placed on the importance of consultation relationships. It is even more interesting to note that these connections were established despite there being economic and time costs associated with the creation and maintenance of these relationships. The connections were deliberately established and nurtured. These psychologists made sure, when establishing their practices, that they found buffered islands within easy communication range with good visibility to both their peers and the mainland

The College of Alberta Psychologists Code of Conduct[6] and the Canadian Code of Ethics for Psychologists define the shoreline of the psychological mainland. The Canadian Code of Ethics for Psychologists (Sections III.38 & 39) states that a psychologist shall "Seek consultation from colleagues and/or appropriate groups and

[6] As of January 15, 2006, the Code of Conduct is now called the CAP Standards of Practice

committees, and give due regard to their advice in arriving at a responsible decision, if faced with difficult situations" and "encourage others, in a manner consistent with this Code, to relate with integrity". Study participants seemed to go beyond the obligations suggested in these Code standards. They not only sought consultations in times of trouble but they established a routine where consultation is built into their practice in the same way as lunch or coffee breaks. They established common space where they might encounter each other.

The establishment of these relationships and the systems that support them links to the notion of mindfulness discussed later in this study. The physical and interpersonal space that supports and encourages mindfulness is established deliberately. Social theory supports that these deliberate interactions and connections are important. Putnam (2000) describes professional organizations as an important aspect of any community because they offer a seat of social solidarity, a mechanism for mutual assistance and the opportunity for sharing of expertise.

Creation of A Professional Community

Four of the participants in this study worked in a group practice, one participant had one colleague and the other worked alone. However, each described being in relationships with other psychologists where discussion of ethical issues was routine. Practicing within a community of psychologists provides participants with the opportunity to learn from others, maintain high standards of practice, maintain professional and ethical awareness, support and be supported by peers and experience validation as a psychologist.

Betty noted that, in her experience, the climate of practice has changed.

> *It was more of a closed "protectionistic" shop..., people were out there scratching and clawing around trying to make a living and you really didn't tell anybody else too much about what you did and how you did it or anything else. And that sounds harsh, but I really do think that things have changed a lot, even in what's available to people.*

Putnam (2000) identified that professional practice has become more complex and that there has been observed trends across professions for increased specialization within the disciplines. Betty is aware that the practice of psychology is changing.

> *You go to trial, you go to court, and it's all predicated on old models. The models are changing. I see us having challenges to ethical behaviour, some of the stuff will be the same as always, but some of it will be more complicated than before. Depending on the kind of roles people are playing and the areas they're choosing to work at.*

This suggests the need to associate with other professionals as people try to ensure that they are practicing well within their limits and domain.

A vibrant community includes membership, rituals, patterns of movements, jargon, memory, and gatekeepers (Condeluci, 2002). One community ritual described by all participants is that of providing support to others. Betty described that she valued consultation to the point where she became a practice advisor. She indicated that

> *There are a lot of times I'll say "You know this is a really tough question so why don't you call one of the other practice advisors as well". We don't*

> *charge for it of course, the only thing I say to people who call, "could you, when things settle down, call back and let me know how it went and how it's going?" And people do. And I tell them, you know, "first of all I'd really like to figure this out with you, but I say honestly, it's part of my learning curve too".*

Betty voluntarily committed her time and energy to supporting psychologists whom she may not even know personally. She commits her resources to the community of psychologists from an altruistic orientation but also because helping others supports her own personal development.

Faye was also a practice advisor and indicated that her practice was enriched due to the interactions with people calling to consult. In reflecting on giving up the role she stated that *"I may need that wake up call more often because people won't be phoning me anymore and asking me these things. And I think that's something that's really important"*. Ethical consultation is one of the communication links that connected Faye to the mainland of the psychological community. As she progresses in her career, she is choosing to reduce her reliance on that form of communication and wonders about whether her own practice will then diminish as a result.

Carla was clear that in addition to seeking out ethical knowledge and skills in the literature and at workshops she also consults with peers. *"I mean it's only two of us, so we have to go outside of our practice for consultation and calling the College to get their opinion on things"*. Both Carla and Erika described feeling sufficiently comfortable in their relationships with the Registrar and Deputy Registrar at the College of Psychologists that they could invite her to their offices and discuss ethics

related issues. Erika encouraged this relationship by her voluntary involvement as a professional "gatekeeper" i.e., an investigator into complaints made against registered psychologists.

> *Oh definitely being an investigator for the College, big time... And that's why I think I'm more aware of what's in our code than a lot of the psychologists who would probably never have read it. When I did my degree way back we did not have ethics course... So certainly being investigative has helped me... I've had friends, colleagues, here and there who have been investigated and I know what they go through, and you don't want to go through that if you could avoid it at any cost. So just being sensitive to that too is a very difficult thing to do.*

Each participant described how they established themselves in relationship with other psychologists as a means of anchoring their ethics within the larger context of their practice. Their descriptions, like the following from Abe, tell the story of the educational and reference value of associating with others.

> *Well for me, because I've never taken an Ethics course, I got chartered after my Masters, at that time you didn't have to do an Ethics course, but I do a lot of self-study for the EPPP in ethics, plus just being in practice and wanting to do a good job. So I learned a lot from the people around me. And still in the current partnership I have, we're consulting each other on a daily basis and we're not always talking about it as an ethics thing, we're talking about what is best to do for the client in this situation. It usually boils down to an ethical issue and so I think that's the easy part. The training has been, largely, from*

> *being surrounded by people that do a very good job at what they're doing, people that don't take short cuts, that aren't looking for a quick, easy way, but looking for doing the proper way.*

However, Abe is quick to locate his sense of comfort in a larger context of immersion. He has found people who reflect the way he wants to practice and support his aspirations for his professional performance. *"They're also the people that I've had working with me in my career...These are all people I've known for a very long time and they work at a very high level and I aspire to be at, or above, that level."*

Stories from Shared Professional Space

A shared environment with like-minded peers also provides room for an enriched narrative to support ethical behaviour. Vitz (1990) suggests that moral development occurs within the shared narratives or stories of significant others. Empathy, caring and commitment, interpersonal interaction and personal character are supported through these stories (Vitz, 1990). This research has been about hearing participant's stories of being ethical. Each provided vignettes from their practice that illustrated what they found to be important in terms of being ethical, often these stories arose from their relationships with others, both clients and other professionals. For example, Abe described a statement made by the Registrar of the local College of Psychologists as something powerful that he carries with him. She said "*that ethics are aspirational and code of conduct is perspirational*". This fits with the earlier quote from Abe that described his preference to associate with people who also aspire to high standards of practice.

Stories serve as the main ways of communicating and considering important values and knowledge to others (Pratt, Norris, Arnold & Filyer, 1999). The telling of cultural or family stories is one way that important values are transmitted from one generation to the next. The psychologist's equivalent of these cultural or family stories is the sharing of ethical vignettes, i.e., real or created accounts of ethical dilemmas. Sometimes these stories are told in journals and sometimes online (Pope, nd). Sometimes for the stories to be told, people need to gather. Erika described:

> *My colleagues, we all touch base. If there's an issue about what to do, talk about some stuff, certainly keeping it very confidential, not naming names but here's the situation, what would you do or how to do this. We do that regularly here, which is a really good piece, when you're working together with people like that.*

This can be done in ceremonial ways or in casual encounters as part of everyday life. Talking over coffee and lunch provides a forum for the telling of ethical stories in an everyday context. There is a ritual to discussing clinical issues as noted by Erika:

> *"If you're going to discuss a case with colleagues, you don't mention names, you're just really aware of that and the office is very aware of the confidentiality in terms of files get locked away, our appointment book and messages get locked away in terms of confidentiality."*

Doris is clear that she needs an interactive venue to support her ethical practice. "*I think out loud. I think I do that better...because then I don't censure as much so it's probably a truer reflection in some ways than when I write.*"

The participants in this study seemed to agree that there was value in being connected to the community of psychologists that is situated within a large social community. Each participant described the role of ethical mentors in their lives. For some like Abe, Betty and Faye, these were familial influences. For others the ethical mentors they mentioned were psychologists with whom they work or have worked with previously.

Abe saw his practice situated within a larger community and that his ethics were important within that community.

> *"I think by just being really honest and up front with people, which involves being ethical, that later on in some way in comes back to you; that a person will phone up and say "oh, you talked to my friend 3 years ago on the phone and they were impressed; and I've got this case and we thought maybe you could help us with it". So it does come back."*

He knows that people get referred to him through a 'word of mouth' process and he has respect for that form of community gate keeping. Abe knows that his practice is built on his reputation and that his expression of his ethics is directly connected to his ability to work. *"Everyone is ethical until proven guilty. I think, and the problem is you only have one chance, so if you do blow it, it's a small community, people know it right away"*. Having the ability to practice is therefore directly connected to his standing in the community and this standing is directly connected to his expression of ethics.

The Role of Clients in the Professional's Community

There was a clear valuing of the client with all six participants. Their clients formed a part of their practice that was separate and apart from their collegial community. Faye confirmed that psychologists practice within a geographic reality that brings them, at times, into the real world of their clients. The ethical psychologist has, in Faye's mind, already sorted out what to do when encountering clients outside of the office. Clients don't have to hold the same boundaries as the therapist and may present a challenge when they are encountered outside the office.

> *When you get old and you've been around for a long time, boundary issues are hard because when I work with anyone that lives in my general area I usually tell them I live there in case they meet me at the Safeway close by. I say to them "I will never recognize you. I'll give you my generic smile...but it's up to you if you want to say hello or not, because ethically that's your decision, not mine to make". And then some people come up and introduce me to their family as their counsellor and I'm always a little concerned about boundary issues then because I'm standing there in my jeans or whatever and I'm very aware of that and some of them go on to say "yes and you won't believe and she gave good advice".*

Faye holds that caring for clients challenges the therapist to have a clear sense of what she considers a "basic boundary in ethics". She is also clear that the psychologist must be aware of their environment in a way that is unique to psychologists and not to the rest of the community. As a psychologist, even when not

"on the clock", there is an obligation to maintain professional space and boundaries not only for the sake of the client but also for their own well-being.

> *How do you care enough to let them know they're important and valuable and that you do care what happens to them, but not care so much that you can't keep doing it because you're a wreck or where it gets to be inappropriate.*

Just as good yard maintenance adds to the "curb appeal" and value of real estate, so too does good boundary maintenance add to the value of a psychologist to a client and to the psychologist's satisfaction with their practice.

This limit setting is the subject of many movies about psychologists and their clients. For example, in the 1991 film "What about Bob?" psychologist Leo Marvin is unable to escape the attention of his patient Bob Wiley who has decided to integrate himself into Leo's life. Leo is frustrated to the point of threatening Bob with bodily harm to get him to go away.

> ***Leo**: You understand right? There's no other solution. You won't go away.*
>
> ***Bob**: Yes I will.*
>
> ***Leo:** No you won't. You're just saying you will, so that when I don't kill you, you'll show up again and make everyone else in my life think you are wonderful and I'm a shmuck. But I'm not a shmuck Bob, and I'm not going to let you breeze into town and steal my family away just because you're crazy enough to be fun (Sargent & Ziskin, 1991).*

In this statement Bob confirms some of what Faye expressed, that clients, despite their presenting concerns could, barring the dual role, fit into the psychologist's social world.

Maintaining the boundary between psychologist and client is not always about reminding the client of the boundaries. Sometimes it is the therapist who needs to maintain their own boundaries. In the movie Lord of the Rings: The Fellowship of the Ring, Frodo Baggins (Jackson, 2002) encounters the Elf Queen Galadriel. She is not a therapist but she is the one that Frodo seeks out for guidance. Frodo is tired, troubled and overwhelmed, unsure if he can complete his task. In his despair, he assesses Galadriel as more competent for his task and he offers the Ring to Galadriel. She knows about the Ring and is drawn toward its power almost without thought. She reaches for it, thinking that she could use the power of the Ring for good. Her reach is interrupted as she envisions how the Ring would, despite her good intentions, take her over, corrupt her and lead to horrible suffering in the world. Galadriel stops herself in time and declines the offer. She then affirms for Frodo that despite his fears and fatigue, he is the only one who can make his journey.

The reflection of Galadriel is seen in Doris as she describes her relationship with her clients:

> *It is difficult, I think, for me to not let my own self get in the way. There are parts of me that are not always willing to be so ethical. Personal agendas, whether they be money, or pride in having, some kind of corner of understanding that is really, and for want of a better word, considered expert... I truly have to pay attention to that, to not let that get in the way of my practice, or what I want to do is quit work. I do not come across to my clients as the expert... or as the wise person. When they offer that to me, I take*

it in the spirit that it is offered, but take it with some sense of questioning inside.

Doris is aware that at times her clients' may ask her to take on their problems and make their journey for them. The temptation involves not only an appeal to the therapist's heart, but also to their ego. Clients may often see their therapists as powerful, wise experts and want to turn over their pain and struggle, to be relieved of their burdens. Doris describes how she needs to be aware of her own need or desire for power and to catch herself as she may reach for it.

Doris describes her relationship with her clients' power in much the same way that Galadriel describes being in relationship with the Ring. The temptation to meet a client's need by taking on the expert role and being an authority in their lives is seductive and to be resisted. The temptation to rescue or enter into a controlling role may be expressed subtly and sometimes, as Doris describes, with the client's participation and at their request. Doris' candour is welcome in that she describes that it is not always easy to maintain an ethical stance and that it is not only external forces that would shift someone from an ethical path. Sometimes it might be more desirable to take on the authoritarian role for reasons internal to the psychologist.

The Contributions of Communities to Ethical Practice

Communities establish ways and means of dealing with interpersonal boundaries to ensure the wellbeing of their community. My experience with Swedes was that they maintained a strong regional identity that was expressed through language dialects, folk music and traditional costuming. At the same time they

expressed their nationalistic sentiments by integrating the Swedish flag into all festive decorations. Psychologists also use traditional language to discuss and reinforce interpersonal boundaries. For example, Freud's teachings were clear that transference and counter-transference were behaviours to be expected, acknowledged, monitored and resolved (Freud, 1985, p.288). These terms are terms of boundary setting and observance. Psychologists of today may find these concepts important and debate how to apply them. Bennett, Bricklin & VandeCreek (1994) described the professional discussion stating, "The field has come a long way since Freud analyzed his daughter, and we should certainly not model our behaviours on those of our predecessors who, in the absence of guidelines, could not help making some mistakes during the profession's infancy" (p.264).

Doris also reminds us of how human psychologists are and how transference and counter-transference are real issues for therapists in their work. The training I received was to guard against counter-transference issues, especially when working with clients to whom you have the potential of being sexually attracted. This apparently was well placed training in that one of the most frequent complaints regarding ethical misconduct by psychologists is for having sexual contact with clients (Pope, 1990). However, that boundary has always seemed a fairly extreme situation to me which suggests that it is more likely to come to the attention of a professional disciplinary committee. What is more typical of the ethical errors made in day to day practice and less likely to be reported was reflected in Erika's statement:

> *I think sometimes I need to separate my head and my heart, although I might wish to do something for a client or think an opportunity benefits a certain*

> *client if by doing something like this. I just don't go there. Just kind of keep your head and your heart separate like that. So I'm really aware of that kind of stuff.*

Erika's experience suggests that she has a connection to her clients that is personal, within her professional context, and that connection is very much a product of living in shared community. Given this potential for breaching boundaries, Erika also builds her physical environment to match her clinical vulnerabilities. She works in a group practice with others she trusts and with whom she consults about cases. Additionally, she designed her clinical space to reflect the ethical boundaries that she intends to maintain. Her clerical area is separate from the waiting area to ensure that people coming to see her are given as much privacy as possible. Erika stated:

> *Confidentiality is an important piece for me. I am really aware of that now. I'll say lower your voices we are talking about a client and there is a waiting room here. I am just really aware of that - people's integrity and people's dignity. And I don't want to take that away from anyone.*

The physical space reminds Erika of the importance of confidentiality, her need to respect the dignity of the people with whom she works. Erika deliberately created her space to reflect the type of work she wanted to do and allows that creation to remind her of her original goals.

Where we choose to live and work has an impact on the lifestyle we experience. We choose to be close to shore or further out to sea. Powerful telecommunication technology can be purchased to ensure reliable and safe communication links or an old fashioned telegraph can be relied upon to work when

things get rough. Whether we choose to be closely connected interpersonally and/or physically with others or not, it will have an impact on the quality of the work a psychologist might do. Psychologists practice in real space and time. The physical space, interpersonal boundaries and the resulting connections were important to the participants in this study. Participants were clear in stating that there is practical safety in close association with other psychologists and that being "at sea" was problematic in many ways. Being connected physically and interpersonally to peers allowed the exemplars to prevent trouble from happening, to prepare for trouble that was inevitable and to rejoice in times where things go right.

Sharing physical space or at least being in a connected proximity allows for the development of real community in that people join together to celebrate rituals (e.g., attaining registration, successful client experiences or the publishing of papers) and to engage in story telling. These activities reinforce the value of community values, rules and boundaries needed to maintain a highly ethical practice. Cottone (2001) supports psychologists having a "rich professional culture" (p.45). The archipelago of the psychological community provides individual practitioners with the potential for a shared physical environment, shared experiences and opportunity for shared reflection.

Reflecting On the Road Travelled

I have used the metaphor of the journey and travelling throughout this study. In my travels I have always made a point of balancing activity with relaxation and reflection. My standard approach is to fill my days with sightseeing activities and to leave my evenings unscheduled. This ensures that I have time to reflect on what I experienced during the day. Participants in this study seem to have a similar strategy when it comes to their experiences with ethics.

Mindfulness is the fourth theme that arose from our discussions. Silandanda (2002) suggests that there are four elements to mindfulness including clear comprehension, avoiding people with confused minds, associating with people who have mindfulness and having an inclination toward mindfulness. In previous chapters three of these elements have already been discussed. Competence is like having clear comprehension. The chapter on developing an ethical environment describes how to avoid trouble (e.g., avoiding associating with people who have confused minds about ethics) and engage with people who are similarly inclined toward ethical practice. The discussion on virtues relates to identification of the good in oneself and in others. The remaining element that will be discussed here is having the inclination toward mindfulness.

Mindfulness

Mindfulness (OED, 2005) means to take heed or care, to be conscious of. "When you develop mindfulness and introspection well, you are able to catch laxity and excitement just before they arise and prevent their arising (The Dalai Lama,

1993)". It is a state of being that can be focused upon deliberately but is, in a sense, operating in the background. The Dalai Lama (2001) calls this process "loving kindness", a process that develops through focus, practice and reflection (p.57). It is atypical in my experience to hear people talk about "loving kindness" when discussing ethics and psychologists. Doris described her ethical mindfulness in a similar way.

> *I'm 56 and I think I've lived through a whole bunch of things and it's made me realize to some extent that there are no simple answers and that we all need to live with some sense of kindness .*

Doris describes the value she places upon reflection. "*I think in my head and then I think out loud and I think out my beliefs, and get feedback."* The level of reflection described suggests that this is an ongoing process of internal dialogue, critical analysis and external discussion. Her comments, made within the context of discussing her ethical orientation, suggest that she embraces her human nature and the fallibility that brings. Her life experience has taught her that ongoing reflection is important to the maintenance of kindness. Her willingness to live with a sense of kindness heightens Doris' awareness of herself and others.

> *And I think it really is being aware and to try and live my life with awareness as I am, when I am practicing my craft, I am in that session with awareness of that other person and myself. And, I find that living with awareness is just another piece of that.*

In this sense Doris is describing herself very much as "Da-sein" or a being-in-the-world (Heidegger, 1996). Doris describes herself and uses herself as an anchor for her

understanding of others, seeing them in herself and herself in them. She seeks to understand who she is in relationship to her clients and that by maintaining this grounding focus she remains true to her values and her craft. Doris describes a mindful and reflective orientation to her life and does not separate who she is from what she does professionally. Doris is also quite conscious of her darker side when she considers her ethics.

> *Difficult I think for me is to not let my own self get in the way. Parts of myself that are not always willing to be so ethical, I guess. You know, like personal agendas, whether they be money, whether they be pride in having, you know, kind of having some kind of corner of understanding that is really, and for want of a better word, considered expert. And I think those things I, I truly have to pay attention to that, to not let that get in the way of my practice, or what I want to do is quit work.*

She knows that she is not perfect and that she needs to be aware of where she might end up if she does not focus on living her life deliberately.

> *I really think it is a singularly... wonderful kind of a gift to be able to do what I do because it's really helped me to reflect on my own life, as well, as when I'm doing this work. To see where I am being honest and where I am not being honest in my own life as I encourage people to explore their feelings. And so, in a way, my practice keeps me honest as I keep my practice honest. It's a sort of a dynamic that exists between me and my practice. It's kind of a weird kind of a relationship in my head with my practice.*

Doris seems to have a running dialogue in her mind that is somewhat different than simple reflection. She describes it as an ongoing "relationship" which implies mutuality and reciprocity.

This relationship is reminiscent of the hermeneutic circle where the whole can't be understood without examining the parts and the parts can not be understood except with an understanding of the whole (Heidegger, 1996). Doris learns about the aspects of herself so that she can understand who she is. To learn about who she is Doris reflects on aspects of herself as they show through her interactions with her clients. Doris chooses to centre her ethics on herself and in so doing, engages with them through her client and integrates her practice of ethics within her life, not just her practice. In so doing she is able to give back to her client a clinical practice that is congruent with whom she is as a person and a clinician. The wisdom she shares is as valid for her as it is for her client.

Abe also described his need for an integrated or deeper level of understanding ethics:

> *I love our Registrar's version of it... "Ethics are aspirational and code of conduct is perspirational". The second one actually tells you what to do. Ethics is a decision-making cycle and it talks about global principles, but it's really hard to take those and put them right into practice. People really have to really get an understanding of what they mean.*

Abe seems to come from a place of respect for the code of ethics as a starting point for future behaviour. He exemplifies the Dalai Lama's view that focus, reflection and practice is needed for ethical behaviour. He also describes the cyclical process of

learning through a 'spiral process' taking ethics from a starting place, moving through experience of making ethical decisions to a new place of deeper understanding of what it means to be ethical. This new level of understanding allows for a higher level of ethical practice.

Breathing Ethics into Professional Life

The statement that ethics are aspirational suggests that there is no perfect resolution where one arrives one day at "being ethical". Aspiration derives from the Latin word aspirare which means 'to breathe upon'. Breathing is connected to living: without breath, we cease to move. Aspiration also means to seek to attain or accomplish a particular goal, to ascend or soar (Webster's New Collegiate Dictionary, 1979). The image of soaring or gaining a high vantage point from which to see the best path is also consistent with the Dalai Lama's (2001) description of omniscience:

> Knowledge and understanding develop on the basis of a consciousness that has the ability to perceive its objects. When the necessary conditions are met, its ability to perceive increases, the scope of its objects of knowledge expands, and understanding deepens. This way the mind can develop its full potential (p.30).

The striving for omniscience is consistent with Abe's emphasis not only upon reflective practice, but also on his commitment to pursuing high standards of competence and integrity as noted in earlier sections.

It is not only competence that illustrates the presence of ethical mindfulness. Carla's sense of ethical mindfulness was expressed in her discussion of expressing one of her personal core virtues, fairness.

> *You know the word that comes to mind is fairness...When I'm dealing with difficult situations I try to see it from different perspectives, each party's perspective... sometimes that means telling your own client, honestly that... they're not working hard enough in therapy, or something to that effect, especially when there's third party payers paying the fee... I try to be fair and I think all the people that refer to our practice feel that and it's been a process of educating them as to how we do things here and how we deal with confidentiality. So that's kind of what I think of when I think of unethical practices. That it's hard to get in to a whole lot of trouble out here if indeed you have a rationale for what you're doing and you're coming from a position of fairness.*

Carla educates both her client and the third party payer about her opinion about what constitutes 'good work'. She seems to have an ongoing dialogue within herself about the fairness of situations and she shares this with those who have engaged her as a psychologist. She is aware that others are watching her and that her professional impact extends beyond her direct client or others involved in her work. Carla seems to be engaged with the community at the same time she engages with a client. Her competency is assumed but it is insufficient for her to simply remain within her expertise. She demonstrates how holding a rationale for why one works in specific

ways needs to walk through her day with her. This again links us back to the Dalai Lama's (2001) sense of mindfulness.

Ethics as A Starting Place

Betty's view of ethics as just a starting place for psychologists is consistent with Carla's experience.

> *To me I guess that's one of the fundamental anchor stones of behaving ethically. The first thing is make sure you're well trained, you're well informed, and you stay current. To not do that isn't ethical... So it starts with an attitude and it also starts with commitment.*

Betty has thought deeply about how to understand her ethics and identified the image of a building foundation. She is clear that an ethical attitude or orientation to the "clinical structure" is important. What is built on the anchor stones can be different for different people. Betty described that:

> *You find a mental image that works ... a screen, a filter, a cloak, whatever works for you, which is on all the time. And it can't just be on in your office, because you go out to play baseball and there's, you know, one of your clients or something on the team. I've seen some people get in trouble because they defined ethics as something you do in your office.*

In each metaphor Betty suggests, there is a sense of 'being on', that her ethics are superimposed over or integrated with the other parts of her being. The metaphors suggested have the theme of utility and action. A radar screen or filtering lens can influence what is seen and what information comes through. A cloak protects the

wearer from the elements. Saul (2001) creates the image of ethics being like a muscle which must be exercised daily in order to be used in a normal manner (p.66). He was not the first to create this image as he quotes Xenophon saying that "those who do not train the body cannot perform the functions proper to the body, so those who don't train the soul cannot perform the functions of the soul" (Saul, 2001, p. 75).

In each evoked image there is a sense of action that goes beyond the psychologist's office and is integrated into the psychologist's being. It is also interesting that the metaphors are not permanent fixtures grafted onto the person. In each case there is a choice involved. One could turn off radar; remove the lens; take off the cloak; or, let muscles go slack. It is important to note that Betty's language reflects that maintaining an ethical orientation is an ongoing choice of mindfulness.

Dokecki (1996) suggests a metaphor of mindfulness that is more in keeping with Abe and Doris's views of ethical mindfulness being an aspirational process. Dokecki uses the metaphor of a Jazz musician to illustrate his view of being ethical. His metaphor is also action oriented, ongoing and deliberate.

> The practice of jazz makes demands on the musician as person continually to develop and extend musical technique, and to visit and revisit the jazz tradition. It is a hard task master, constantly requiring the jazz player to do the right thing. But when a musician merely plays technically in rule-bound fashion, the result is not jazz, since, as Duke Ellington said, making music, however competently, "don't mean a thing if it ain't got that swing." Improvisation, creativity and human development are at the heart of jazz. (Dokecki, 1996, p. 9)

This metaphor is consistent with the messages from previous chapters; the psychologist brings herself to the competent application of her craft within an appropriate interpersonal environment to create an ethical practice. However, it is something more than competent technique or knowledge that leads to high ethical achievement. There are also intuitive, creative and developmental aspects to ethics just as there are to jazz. Saul (2001) makes a similar point in stating that:

> Common sense, imagination and memory help us maintain the daily existential nature of ethics by giving us context and the ability to imagine the consequences of actions. We know what happened before and this helps us to imaging what might happen in this case (Saul, 2001; page, 86).

Intuition and creativity allow for ethics to be expressed in more than one style of therapy and for variation of ethical expression over the course of one therapist's career. Williams (1993), another writer about Jazz music sees standards as a starting point, a launching for more and better.

> Jazz knows of no absolutes: there is no one "best way" of performing a piece. Each day, each moment has its way, and hence, its own meaning. Tomorrow's way is not today's; today's is not yesterday's. That does not mean that there are no standards… my standards themselves change with my own growth and change. (p.262)

In these times where evidence-based practice is all the rage, it seems inappropriate to describe ethical intuitiveness. However, this may be one way of expressing mindfulness. The word intuition derives from the Latin (i.e., *intuiti* –of action and *intu* – to look upon) meaning an act of contemplation

(dictionary.oed.com.aupac.lib.athabascau.ca). It refers to immediate apprehension or cognition (Webster's New Collegiate Dictionary, 1979). Dokecki goes on to describe the development of musical intuition for the Jazz musician:

> In the act of playing, they manifested among their members very high levels of communication, mutual listening and respect, empathy of telepathic proportions, and other signs of intense interpersonal relationship…The musicians "do the right thing" and the result is a swinging and creative integration of the personal, the interhuman, and the social realms of human existence. Such peak moments do not always happen … but they set the standard for excellent practice, and lure players and listeners into devotion to the music (Dokecki, 1996, p. 10)

Ethical Flow

This process also appears appropriate for the ethical psychologist. All the elements described by Dokecki that contribute to peak musical moments are also ones that are at play in a psychologist's work. It is this type of peak feeling that is described by Csikszentmihalyi (1997) as "flow". A flow experience occurs when we are so totally engaged with our efforts that we seem totally alive and lost in the experience, to the point where it feels effortless. The "good work" that occurs in this state is the 'full expression of what is best in us' (Gardner, Csikszentmihalyi & Damon, 2001, p.5). Flow for the psychologist would therefore be a perfect harmony between the internalized ethical values of the psychologists, the ethical performance, and the highest ethical demands of the operating ethical system.

Flow is difficult to achieve and cannot be a goal in and of itself but in relation to another goal, such as being a highly ethical psychologist (Csikszentmihalyi, 1997). Inherent in the description of flow is the sense that it is achieved through peak performance following from prolonged high levels of achievement. Therefore, a highly ethical psychologist may be considered someone who is mindful of ethics, values ethics, knows that competence and wisdom are essential to maintaining ethics and has the practical skill to transform these internal processes into observable high-level ethical iterative performance. From this position, the psychologist may experience peak experiences of being ethical which are rewarding but also self-affirming.

Galadriel, in the scene between her and Frodo described previously, reflects on her choice to turn down the ring, Galadriel announces that *'I passed the test...and remain Galadriel'* (Jackson, 2002). Her reaction was one that suggested that she had proven to herself that she was able to withstand the mightiest challenge that a leader might face and yet she had persevered and in doing so experienced a moment of flow.

Flow occurs in the context of consciousness. This brings us back from the whole to the parts. Consciousness relies on education. None of the participants in this study had completed an ethics course as part of their formal training; however, all continued to develop their knowledge about ethics on their own initiative. This is consistent with Betty's belief that "*Ethical conduct is really a style of life and a philosophy, so it's not something you just put on when you're in trouble, or put on when you have a problem. It's a way of being*". Further investigation of ethics led some participants back to the philosophical roots of ethics.

Where You Are Going Is Connected To Where You Have Been.

The Oxford English Dictionary defines the term "philosophical" as the use of reason and argument to seek truth or knowledge of reality and ethics as the study of morals in human conduct or the rules of conduct recognized as appropriate to a particular profession or area of life. The psychologists in this study chose to learn about how ethics involves the use of reason or wisdom to determine how to conduct oneself appropriately. Betty was surprised when she undertook a self-directed university course that her research would take her back into the "philosophical underpinnings of psychology". Her early reaction to the study of ethics was that it was *"dry as a dog bone, deadly dull and totally non-interesting" and it didn't, although we knew intellectually it was relevant, somehow it didn't come across as being relevant".*

However, Betty's experience as she began to practice was that ethics were relevant and she found herself wondering "*…how something could have been made so dull and boring because the truth is, it's something we live with every day.* This shift of perspective led Betty to further studies in ethics. "*When I started doing more research into ethical conduct and behaviour…I found that the roots went right back".* She realized that *"I was clearer in having more of a model…for what I was about, what I was going to do, how cleanly I was going to do it…"*

Understanding ethical theory was important to support the ethical development of participants in this study. Learning more about ethical theory allowed

these psychologists to care more deeply about ethics and in doing so, allowed their ethical knowledge to become more integrated into who they were as people.

Peter Singer (2000) writes *"knowing the difference between right and wrong involves caring about it. One can't forget about the difference, only cease to care about it."* This caring for ethics was expressed by all participants. It suggests that they value ethics as an important part of their identity as a psychologist and as a person.

> *... Being an ethical psychologist and being an ethical person are not separate. And so for me the challenge always is to somehow bring into my practice and take from my practice, what it means to be... an ethical human being, because I do think that being an ethical psychologist means being an ethical human being. I don't see being able to separate the two pieces out. So that is not to say that I am, you know, kind of living my life by some kind of highly evolved ethical standards but I do think that I don't draw boundaries there. The boundaries are between my public time and my private time but they are not between the person I am as a psychologist and the person I am at home. That's what it means to me to be ethical, to bring into, and it's really, I think for me it's been kind of what I, I'm moving my clients towards is what I'm moving myself towards.*

Orientation to Ethical Practice

The exemplars in this study appreciated that ethics requires experience and some education. However, beyond that the participants seemed to hold an orientation

toward ethical thinking. They related how they routinely found themselves thinking about ethics as part of their regular practice. They also seemed to have a sense that their own ethical understandings emerged over time from their personal ethical foundations. Ethical psychologists are not just linked to professional conceptualizations of acceptable behaviour. They are also linked to personal histories that valued ethics. For many participants their ethical orientation began its development in childhood.

> *I think there are two influences and one would be people that were not psychologists that helped me understand from when I was very young, the importance of morals and being a moral ethical person. So, you know those would be adults and then people that I worked with before I became chartered as a psychologist that helped me understand to look at ethics as though it's a way of doing things and that that way of doing things is to do the right thing in that situation.*

In his discussion on the stages of meditation, the Dalai Lama (2001) describes that

the consciousnesses of human beings varies depending upon education and experience – the more educated you are, the more experience you have, the broader your consciousness. Knowledge and understanding develop on the basis of a consciousness that has the ability to perceive its objects. When the necessary conditions are met, its ability to perceive increases, the scope of its objects of knowledge expands and understanding deepens.

It is this ethical consciousness to which participants seem to refer. For example, Erika stated:

> *Well I try to be ethical, I try to think of it as something I give a lot of thought to when I see my clients. It's just I do what I do, hopefully, not to make any mistakes which I think many psychologists do. You just kind of go ahead and do what you do on a day-to-day basis and hope you don't get caught for anything that you shouldn't be doing. I hope I'm not doing anything, I don't think I'm doing anything, but I have to be really aware of the Code, Code of Conduct, Code of Ethics because I work in that area too. So I certainly couldn't relate every piece to it but I'm certainly aware of what is in here. And that helps on a day-to-day basis as well.*

Erika has integrated ethical thinking into a "day-to-day" practice. Faye also integrates an ethical orientation into her daily world and guards against losing it.

> *I think the opportunity to talk with people just starting in practice is really helpful because they have that wonderful idealistic attitude that I hope I never totally lose. And I still believe that most people are ethical at heart and make mistakes and I don't ever want to lose that because I know some, from my experience, some professionals have lost that and then I think that slides into and makes their practice unethical. Because they assume sort of the worst instead of the best in others.*

Building Ethics through Cultivation and Dedication

Faye finds the task of mentoring to be one that supports her mindfulness. She connects with the naiveté and enthusiasm of the novice psychologist to rejuvenate her focus, keeping her practice goals in mind. She concurs with Saul (2001) that time and practice can lead to a drudgery that detracts from her professional satisfaction.

> The citizen's ethics has to wake up every morning, there is drudgery to it. There is a need for constant effort, constant evaluation. Ethics is like a muscle which must be exercised daily in order to be used in a normal manner (p. 66).

Ethics may be considered a "core muscle". Personal trainer Karen Shulhan (2005) believes that a strong core is essential for increased fitness and protection from injury. She constantly finds new and innovative means to challenge her clients to new heights of abdominal strength. She believes that this constant commitment to maintaining a strong core is foundational for any higher order physical achievements. Saul agrees with Karen and Faye in that ethics requires this same dedication.

Saul (2001) views ethics as normal behaviour that occurs in normal times. He suggests that we need a certain amount of ethical fitness to maintain normal behaviour, much in the same way that walking and standing are normal activities that require ongoing fitness to manage well in life. While writing this dissertation I sprained my toe. It was a minor injury that did not require any medical attention. What it did do was bring to my awareness the mechanics of walking. The normal activity that had seemed so effortless moments before the accident suddenly became more vivid, each aspect of movement more clear in my awareness. To some extent, I

needed to learn to move and walk in a deliberate manner, in part to strengthen my foot and in part to prevent further injury. Erika had a similar experience with ethics learning vicariously and avoiding the experience of pain herself.

> *I've had friends, colleagues, here and there who have been investigated and I know what they go through, and you don't want to go through that if you could avoid it at any cost. So just being sensitive to that too is a very difficult thing to do.*

Erika learned from the experiences of her friends and peers. Investigation by the College is not comfortable. She uses that insight to reinforce the value of being mindful in her own practice.

All participants in this study suggested that what you do, where you do it and who you do it with are insufficient factors in ensuring an ethical practice. There needs, it appears, to be a meditative protocol or an awareness building process that allows the psychologist to reflect on what is happening in their practice and in their experience of their practice. Thinking deeply about ethics, living with the insights and then returning to ethical contemplation has been helpful in supporting the development of highly ethical practice. This reflective process has led some people to experience peak performances as a psychologist which reinforces the value of engaging in an ethical practice. It is this mindfulness process that seems to be the thread that weaves together competence, virtue, and environment to build a highly ethical practice.

Arriving

Like in the great stories there are those who take us from darkness to light. There are those who offer us hope and those who teach us to persevere. These people show us what is good in the world and what is worth working for. In seeking out ethical exemplars, I found psychologists who had sorted out how to succeed in living a 'good' professional life. Their stories confirmed that highly ethical psychologists do exist and that they have something to offer.

During the exploration phase, of this study took me through the range of psychological literature on ethics. Deontological thought has informed psychological ethics mainly through Kohlberg's work on moral decision-making. The CPA and APA rejected duty ethics in the creation of their Codes of Ethics thus guiding psychologists in North America toward more consequentialist thinking. A review of ethical decision-making models (Cottone, 2001, Hadjistavropolous & Malloy, 2000, Kitchener, 1984, CPA, 2000, Hansen & Goldberg, 1999) confirmed the ethical horizon for psychologists is broader than two theories. The exemplars in this study affirmed that virtues (i.e., who they are) and utilitarian values (i.e., the professional goals of practice and connected standards of practice) co-exist within the context of the relationships of their lives (i.e., relational ethics) and are all important factors in their lived experiences of being ethical.

The psychological ethics literature focuses heavily on decision-making models and moral development theory. The exemplars in this study did not talk about how they made ethical decisions nor did they spend much energy describing ethical situations they had encountered and how they solved them. They spoke about having

high standards of professional knowledge and about competency as fundamental to being an ethical psychologist, a starting point. It seemed that all took it for granted that psychologists would understand how to make ethical decisions. They chose instead to discuss how they valued both professional and ethical competency. They also spoke of who they were as being important to their lived experiences of being ethical psychologists. They clarified that the personal virtues of integrity, honesty and humility were as important to their ethical practice as professional competency. Further they discussed how they grounded their ethics in a supportive community that inspired them to continue their ethical development. Finally, they spoke about the power of mindfulness and the integration of professional choices with personal awareness.

My goal for this journey was to develop a rich understanding of the lived experience of highly ethical psychologists. I learned that a highly ethical psychologist is one who is knowledgeable and skilled at their craft and one who lives with integrity; and one who is deliberately connected to a strong community which holds them accountable for who they are and what they do. The highly ethical psychologist values ethics for its own sake and integrates ethical mindfulness into their daily professional and personal journeys.

The journey toward being an ethical exemplar seems to begin with a having the right tools: a map and a compass. The map allows for setting goals and markers on the path to goals. The compass provides a means of checking progress to ensure that the journey stays "on track". The participants in this study learned about ethics

on-the-job and had to seek out their own guides (i.e., mentors and learning experiences) to guide them on their paths.

One becomes a highly ethical psychologist by living a deliberately ethical life. All the participants in this study discovered the value of ethics without having a formal ethics background. They are all people who were aware that ethics were important and came to deliberately foster the growth of their ethics. They sought out their own ethical exemplars to mentor them. They affirmed that who they were as people was integrated with who they were as psychologists and they sought out the knowledge and skills they needed to ensure that they were successful on the professional road chosen.

Both psychologists and the general public seemed to be cynical about the link between ethics and psychological practice. Nuttgens' (1998) description that his graduate studies ethics course was taught from a "cover-your-ass" perspective designed to tell him what to do or not do to stay out of trouble embodies this distrust. Such cynicism was also reflected in many of the portrayals of psychologists in the media. Many of the portrayals are negative (e.g., Hannibal Lector), bumbling (e.g., Billy Crystal in Analyze This) or wounded (Dr. Crowe in The Sixth Sense). Few are competent and caring. However, just as many of the participants in this study found it helpful to rejuvenate their ethical practice by revisiting the philosophical roots of ethics, the medieval image of the crone emerged as the image that best matched with the participants in this study. The crone is someone who has grown into practical wisdom through the experiences of living.

Living a good life is important to the participants of this study. They defined themselves as good people. They believed in the Canadian Code of Ethics for Psychologists and went beyond following the letter of the code to find ways to nurture the spirit of the code. They told me stories of becoming ethical and discussed their awareness of their personal characteristics and how they influenced their ethical practice. Virtues such as fairness, honesty, integrity, humility were very important. Their being good people in a larger community context was equally important and influenced how they practiced. Participants in this study seemed keenly aware that they were beings in a larger world and that others, like their clients and families, were important too.

Like an island in an archipelago, psychologists in this study were acutely aware that they were a part of a larger context. They were aware of their proximal and interpersonal connections to other psychologists, the psychological community and the civic community as a whole. Participants were aware that they needed others in order to maintain their high standards of caring. As members of a community, participants described sharing stories and rituals that grounded them in reality and supported them in moving forward. They valued the limits that the stories and their experiences established.

Finally, participants in this study tended toward introspection. They each tended to engage in reflection on their practice and their personal development. They saw these two aspects as reflexive. Professional ethics was both a starting point and the goal for professional growth. There was a seeking of peak performance that could

not be obtained without ethical mindfulness. Participants saw philosophical and practical reflection on professional ethics as a normal part of being a psychologist.

Recommendations

The hope that arises from this study is that it is possible to orient psychologists to be highly ethical. Graduate training in ethics is a good starting point for developing the foundational competencies and skills in professional ethics. Learning what constitutes an ethical dilemma and how to approach that dilemma is a first step. A second step is living with that ethical knowledge in a context where feedback is provided. This is supported by internships and the clinical supervision required prior to registration as an independent practitioner. The exemplars in this study suggest that it is important to integrate this mentoring into a career long practice. Building and maintaining mentoring relationships takes time, energy and commitment and is highly satisfying for them.

Therefore, it may be helpful to add another dimension to the registration process, that of neophyte or novice practitioner for those who have been registered less than five years. This would be a voluntary option for provisional psychologists and psychologists who have completed the chartering process. I suggest five years because it is the current standard in determining who can be a clinical supervisor for registration purposes in Alberta. For example, The College of Alberta Psychologists considers that five years of independent practice is required to have sufficient experience to meaningfully mentor someone else into the profession (College of Alberta Psychologists, 2005). The novice period is one of full professional status but

with emphasis on ongoing professional support and mentoring. Ongoing professional education opportunities can then be designed by and for this group of psychologists that will encourage their ethical growth. Lawyers have had the "young lawyer"[7] (The Young Lawyers - Canadian Bar Association, 2005). sub-section of the Canadian Bar Associations for many years and it provides an important and valuable service to newly emerging professionals.

There is a debate about whether it is possible to teach or develop virtue in individuals as part of professional development processes. I contend that the issue is not so much whether we can teach virtues but whether we can inspire psychologists to develop the virtuous aspects of themselves that are connected to being a highly ethical psychologist (e.g., honesty, integrity and humility). No one can impose any course of ethical or moral behaviour on another.

Successful completion of a graduate ethics course will not guarantee that the student will become an ethical psychologist. Without an internal respect for ethics, ethical action will not occur over the long term. The exemplars in this study were clear that they valued ethics and sought out growth opportunities both in terms of ethical knowledge and how that knowledge is integrated into their lives.

Aristotle said:

> *Happiness... comes as a result of virtue and some process of learning or training... for all who are not maimed as regards to potentiality for virtue may win it [happiness] by a certain kind of study and care (1099b-15-20).*

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[7] The Young Lawyers - Canadian Bar Association (YLCBA) is a common interest group of the CBA made up of members who are under the age of 40 or who have been at the Bar for 10 years or less.

His view was that virtues are developmental in nature and that with the proper supports, it is possible therefore to develop curricula components for ethics classes or workshops that define the relevant virtues, emphasize why the virtues are important to the practice of psychology and the consequences for virtuous actions within the psychological realm. The course materials can also discuss the need for integration between a person's character and the person's actions as a psychologist. The goal of teaching professional ethics in both graduate and professional development settings is to inspire the orientation toward highly ethical practice.

This potential to inspire people to higher ethical standards also offers hope to psychologists who have strayed from the ethical path. Psychologists who have made ethical errors have the potential to reclaim their practices by engaging in rehabilitation processes that support their exposure to ethical exemplars. Through a mentoring process, a wayward psychologist can gain access to an ethically mindful community that could support their exposure to and integration of ethical knowledge and skills. The same support processes that help psychologists enter the field may support the efforts of psychologists to get back onto the ethical path.

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Appendix A: Invitation to Participate in the Identification of Exemplars

Introduction to the researcher

My name is Ann Marie Dewhurst. I am currently completing my Doctorate in the Department of Educational Psychology - Counselling Psychology program at the University of Alberta. This is an accredited program with the Canadian Psychological Association. My dissertation is entitled "The Essence of Being an Ethical Psychologist". My primary supervisor is Dr. Derek Truscott, of the Counselling Program.

I graduated with a Master's degree in Clinical Psychology from the University of Regina in 1991 and chartered as a psychologist in Alberta in 1994. I am a forensic psychologist with a specialization in working with perpetrators of sexual abuse and family violence. I am currently the manager of the psychology department for the Northern Alberta/Northwest Territories Parole District of the Correctional Service of Canada. I also have a small private practice.

Introduction to this research project

The purpose of this study is to explore the practical wisdom of psychologists. I am interested in learning what it means for psychologists to be ethical and to explore the essence of that experience. Hopefully, through this study more will be learned about how psychologists develop and integrate ethics into their practice. Recommendations may come out of this study that will influence how ethics are taught.

Request for participation

A peer nomination process is being used in this study to identify exemplars of ethical practice. An Exemplar is someone who is fit to be imitated or a model of

behaviour that typifies a highly ethical psychologist. By definition all chartered psychologists have met the accepted standard of ethical behaviour for psychologists.

However, some psychologists seem to be ethical in a manner that suggests that they are more ethically fluent than the norm. It is these people that I would like to identify and interview. This process starts by asking people to nominate Exemplars and continues until several people nominate specific psychologists. Those psychologists nominated by at least 4 peers will be approached to participate in this study.

You are being asked to nominate a psychologist(s) that you know to be an exemplar of ethical practice. Exemplars nominated must be someone: a) with whom you have direct ethics-related experience; b) whom you would personally feel no hesitation to consult should an ethical dilemma arise; c) who is a chartered psychologist for at least 5 years; d) who is in good standing with the College of Alberta Psychologists; and, e) who is currently in active clinical practice (i.e., not purely academic or managerial).

Your participation in this process is two fold: a) to nominate one or more psychologists whom you believe to be exemplars of being an ethical psychologist, and b) to a written response about your experience of nominating an exemplar. The written response may be given directly to the researcher or if you choose to have your response be anonymous, it may be returned in a sealed envelope within a larger envelope by mail to the researcher's supervisor. Alternatively participants can send their responses via email to the researcher or to Dr. Truscott who will remove all identifying data before forwarding responses to the researcher.

Limits of Confidentiality

All information shared with the researchers (Ann Marie Dewhurst and Dr. Truscott) will be kept in a secure, locked area to which only the researchers have access. Names and identifying details will be removed or modified from any data before it is utilized in this research. You may withdraw from this study at any time by informing either the researcher or her advisor.

The person(s) you nominated may be contacted to participate in this study if other psychologists name them as well. They will be informed about how they were nominated but not by whom.

Use of Collected Data

This data will be used to complete my Doctoral Dissertation. I may submit the completed work at conferences or in publications. Quotes from participants that illustrate or epitomize the themes generated will be used, however, anonymity of the contributor will be maintained.

This study was approved through the University of Alberta Research Ethics Board.

I agree to participate in this study

_____

Name Date

_____

Witness name Date

I may be contacted by:

Phone: _____ Email: _____

Appendix B: Informed Consent for Exemplars Participating in the Study

Introduction to the researcher

My name is Ann Marie Dewhurst. I am currently completing my Doctorate in the Department of Educational Psychology - Counselling Psychology program at the University of Alberta. This is an accredited program with the Canadian Psychological Association. My dissertation is entitled "On being an ethical psychologist". My primary supervisor is Dr. Derek Truscott, of the Counselling Program.

I graduated with a Master's degree in Clinical Psychology from the University of Regina in 1991 and chartered as a psychologist in Alberta in 1994. I am a forensic psychologist with a specialization in working with perpetrators of sexual abuse and family violence. I am currently the manager of the psychology department for the Northern Alberta/Northwest Territories Parole District of the Correctional Service of Canada. I also have a small private practice.

Introduction to this research project

The purpose of this study is to explore the practical wisdom of psychologists. I am interested in learning what it means for psychologists to be ethical and to explore the essence of that experience. The factors associated with ongoing ethical resiliency have not been clearly determined. Hopefully, through this study more will be learned about how to psychologists develop and integrate ethical resiliency. Recommendations may come out of this study that will influence how ethics are taught.

Request for participation

You have been nominated by several of your peers as someone who is considered an exemplar of ethical behaviour, i.e., someone who models "being ethical" in a manner that supports others being ethical too. Nominated exemplars were considered by their peers to be: a) someone with whom they had direct ethics-related experience; b) whom they personally felt no hesitation to consult should an ethical dilemma arise; c) were chartered psychologists for at least 5 years; d) were in good standing with the College of Alberta Psychologists; and, e) were currently in active clinical practice (i.e., not purely academic or managerial).

By definition all chartered psychologists are considered to have met the accepted standard of ethical behaviour for psychologists. However, some psychologists seem to be ethical in a manner that suggests that they are more ethically fluent than the norm. Your peers consider you one such person.

Your participation in an interview is requested. There are four elements to your involvement: a) completion of a short demographic questions regarding your age, level and type of graduate training, years of chartered psychological practice, years of work in a related "helping" profession and the nature of your of current practice, b) participating in a conversation about your experience of being ethical, c) completion of a written or verbal response about your experience of participating in the conversation about ethics, and, d) you may be asked, at a later date, to reflect on the themes that arise from the conversation transcript in an effort to develop greater insight into the essence of being ethical. Oral responses will be audio taped at the end of the interview. Written responses may be completed following the interview while the researcher waits or returned to the researcher via mail or email.

The interview will be tape-recorded and a written transcript will be created. Once the transcript is completed and checked for accuracy, the tape will be destroyed. All transcripts will be coded and identifying data modified to protect anonymity in any subsequent writings.

Limits of Confidentiality

All information shared with the researcher will be kept in a secure, locked area in which only the researchers have access. Only the researchers will listen to the taped interviews. All interviews will be transcribed from audiotape into written form immediately after the interview. The data will be coded at that time and identifying data will be eliminated. Names and identifying details will be removed or modified before data is shared. You may withdraw from this study at any time by informing either the researcher or her advisor. However, if you choose to withdraw after I have moved into the thematic analysis stage, it will be virtually impossible to remove one person's comments. However, direct quotes attributed to you will be excluded and you will not be contacted as part of any feedback process.

As a Chartered Psychologist I have an obligation to report my knowledge of violations of the Standards of Practice to the College of Alberta Psychologists. Participants should take care not to disclose code violations. If the acts of others are referred to in the interview, it is important that names and identifying data be avoided or significantly changed to prevent identification.

This study was approved through the University of Alberta Research Ethics Board.

I agree to participate in this study

Name Date

Witness name Date

Appendix C: Sample Interview Questions

Interview Questions

1. What has influenced you most in the development of your ethics?
2. What is difficult/easy about being an ethical psychologist?
3. What was your most important learning experience [related to ethics] that you have had to date?
4. Are there factors (internal or external to you) that support your ethical practice?
5. What types of ethical issues do you encounter in your practice?
6. Describe one incident that exemplifies your experience of being ethical.
7. How has your awareness of being ethical changed over the course of your practice?
8. Knowing what you know now about the realities of being an ethical psychologist, what would have been helpful for you to know as a newly chartered psychologist?